BRADEN DIABETES CENTER

Diabetes Self-Management Education/Training and Diabetes Medical Nutrition Therapy Referral

1100 South Eliseo Dr., Suite 2
Greenbrae, CA 94904

Appointments & Office: 1(415) 925-7370
Labs & Referrals Fax: 1(415) 925-7371

PATIENT INFORMATION

Last Name: _____ First Name: _____ DOB: _____

Phone (home): _____ (cell): _____

Insurance: _____ ID #: _____ Auth #: _____ Auth. Expires: _____

Referring Practitioner: _____ Phone: _____

❑ New Referral ❑ Annual Referral

DIAGNOSIS CODE

- ❑ **E11.9 Type 2 Diabetes w/out complications**
- ❑ **E10.9 Type 1 Diabetes w/out complications**
- ❑ **E11.65 Type 2 Diabetes w/hyperglycemia**
- ❑ **E10.65 Type 1 Diabetes w/hyperglycemia**
- ❑ **R73.01 Impaired Fasting Glucose (A1C 5.7-6.4%)**
- ❑ **O99.810 Abnormal Glucose complicating pregnancy**
- ❑ **O24.419 Gestational DM in pregnancy, unspecified control**
- ❑ **E08.22 Diabetic Chronic Kidney Disease**
- ❑ **Other DX, ICD10** _____

EDUCATION/TRAINING SERVICES

- ❑ **Diabetes Self Management Education and Training (DSME/T)**
  (includes 1 hour individual session and 9 hours group education)
- ❑ **Individual DSME/T (1 on 1)**
- ❑ **Medical Nutrition Therapy (MNT)**
  (up to 3 hours individual)
  - ❑ **Diabetes, Type 1 or Type 2**
  - ❑ **Pre-Diabetes**
  - ❑ **Chronic Kidney Disease**
- ❑ **Gestational DSME/T**
- ❑ **Diabetes Prevention Program**

ADDITIONAL SERVICES

- ❑ **Continuous Glucose Monitor (CGM) - (Choose One):**
  - ❑ Professional placement
  - ❑ Assist with Personal CGM Selection/Setup
- ❑ **Insulin Pump:**
  - ❑ Pump start
  - ❑ Pump education
- ❑ **POC Glycohemoglobin**
- ❑ **Other:** _____

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

❑ **Vision** ❑ **Hearing** ❑ **Physical**
❑ **Cognitive Impairment** ❑ **Language Limitations**
❑ **Other** _____

Additional MD Request or Notes: _____

**** PLEASE INCLUDE A COPY OF:** ___ Chart Notes ☐ Attached ___ Labs ☐ Attached
___ Insurance ☐ Attached

Referring Provider Signature: X _____ **Date: X** _____

marin health BRADEN DIABETES CENTER

BRADEN DIABETES CENTER - PHYSICIAN REFERRAL

* D T B D C P R F *