



Diabetes and Nutrition Education Referral Form

Phone: (812) 254-2760, ext. 1175 Fax: (812) 254-2953 Email: hhester@dchosp.org

Date: _____

Patient information

First name: _____ Last name: _____

Phone: _____ Date of birth: _____

Type of insurance: _____

NOTE: We work with most insurances, including Medicare. Coverage depends on the patient's plan, medical diagnosis, frequency limits, and documentation requirements. Advise your patient to verify coverage and bring ID and insurance card to each visit.

Relevant diagnosis code(s): _____

NOTE:

- Support your patients by ensuring medical necessity is documented (e.g. BMI>30, abnormal labs).
- Please include any applicable diabetes and CKD diagnosis when referring for other concerns such as weight loss or cardiac concerns.
- Include the ICD-10 diagnosis code that supports nutrition services.
- Provide relevant clinical documentation (e.g. history, labs, notes)

- Conditions:
- | | |
|--|---|
| <input type="checkbox"/> Diabetes (Type 1, Type 2, Gestational) | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Cardiovascular disease | <input type="checkbox"/> Chronic kidney disease |
| <input type="checkbox"/> Gastrointestinal disorder (IBS, Crohn's, Celiac, other) | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Weight management/Obesity | <input type="checkbox"/> Preventative wellness care |
| <input type="checkbox"/> Needs enteral nutrition support/modification | |
| <input type="checkbox"/> Pediatric nutrition issues (NOTE: Services are limited to weight loss, cardiovascular disease nutritional support, elevated liver enzymes, and picky eating. Please call with questions.) | |

☐ Other: _____

NOTE: Adult and pediatric patients with eating disorders should be referred to a specialist.

Referral information:

Referring physician: _____ Phone: _____

Facility name: _____ City: _____

Send referral form and supporting documentation via fax at (812) 254-2953. Please contact DCH Centralized Scheduling at (812) 254-9324 to inquire about the status of a referral. For questions about DCH's Diabetes and Nutrition Education services, contact Haley Hester, MA, RD, LD, at (812) 254-2760, ext. 1175, or hhester@dchosp.org.

People you know. Healthcare you trust.

dchosp.org