



8700 Montana, El Paso, TX 79925
Tel.: (915) 532-6280 Fax: (915) 598-3732
Monday - Friday 8 am - 5 pm

Patient Referral & Care Plan

Patient Name: _____		DOB: _____	
Cell phone # _____		Work Phone # _____	
<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Self-Pay

The patient is being referred to El Paso Center for Diabetes for either Diabetes Self-Management Education (DSME) or Medical Nutrition Therapy (MNT).

Please check the program the patient is being referred for:

☐ **Diabetes Self-Management Education (DSME)**

Which includes:

- ☐ **1:1 Individual Assessment**
- ☐ **Group Classes**
 - 1. What is Diabetes, Monitoring and Use of Results, Physical Activity
 - 2. Medications for Diabetes, Hyperglycemia, Hypoglycemia
 - 3. Chronic Complications, Stress Management
 - 4. Carbohydrate Counting, Label Reading
- ☐ **1:1 Individualized Meal Plan**
- ☐ **Follow-up every 3-6 months (those who complete DSME classes and subject to insurance verification).**

☐ **Medical Nutrition Therapy (MNT)**

Recent Lab Results & Date:

HbA1c _____

Total Chol: _____

Trig: _____

HDL: _____

LDL: _____

eGFR _____

Please select from the following diagnosis codes*:

R63.5 Abnormal Weight Gain	R73.03 Prediabetes	E66.____ Overweight/Obesity
R63.4 Abnormal Weight Loss	E10.____ Diabetes, Type 1	N18.____ Chronic Kidney Disease
E03.9 Hypothyroidism	E11.____ Diabetes, Type 2	I10.____ Hypertension
E78.5 Hyperlipidemia		

*Insurance coverage for diagnosis is subject to verification with patient's insurance carrier.

Physician: _____

Date: _____