



— EL PASO —  
CENTER FOR  
DIABETES

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 #: \_\_\_\_\_

Private Insurance

Medicare

Medicaid

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: \_\_\_\_\_