

Referring Office Stamp



Sutter Diabetes Care Center
5151 F Street, Building E
Sacramento, CA 95819-3225
Adult Diabetes/Sweet Success,
And Medical Nutrition Therapy Programs

Telephone 916-733-7060 Fax 916-733-7176

Date of Referral/Intake:
Patient's Name
Patient's Address
Patient's SSN# Sex Telephone # Work #
Language Spoken Interpreter needed:
Ethnicity/Race
Physician's Name Telephone Fax
Physician's Office Contact person Telephone #

Insurance Information: (Please include copy of insurance card(s). We must have authorization for initial consult.)

Primary Insurance Policy/Group #
Subscriber's Name Authorization #
Secondary Insurance Co-Pay Amount

DIABETES SELF MANAGEMENT EDUCATION

- PRIMARY DIAGNOSIS: DM Type 1, Controlled 250.01, DM Type 1, Uncontrolled 250.03, DM Type 2, Controlled 250.00, DM Type 2, Uncontrolled 250.02, IGT 790.2, IFG 790.2, DM & Pregnancy Antepartum 648.03, DM & Pregnancy Post Partum 648.01, GDM Antepartum 648.83, GDM Post Partum 648.81, Hypoglycemia 251.2
SECONDARY DIAGNOSIS: DM Neurological Manifestation 250.6, DM Peripheral Vascular Disease 250.7, DM Ophthalmic Manifestation 250.5, DM Renal Manifestation 250.4, CAD 414.9, Hypertension 401.9, Morbid Obesity 278.01, Obesity Unspecified 278.00

TYPE OF APPOINTMENT: (Must be indicated)

- Sweet Success Team Services (RN, RD, MSW)
Pre-Conception Diabetes Education Counseling Type 1, Type 2
Insulin training (RN). Please include Type of Insulin & Dosage information
Pre-Insulin Pump Initiation Training (CHO Counting, Basal and Bolus Rates, Stress Management)

FOR DIABETES PROGRAM: Reason for referral: Gestational Diabetes Initial Diabetes Education Change in condition and/or treatment regimen

I certify that comprehensive diabetes self-management education services are needed for this patient's diabetes care.

MD Signature Date

Please Note: Federal and State regulations require the following:

- Maintenance of the original physician's order on file. Please return a copy of the order with the original signature to the above address.
It is necessary to have a history and physical, laboratory tests (3 hr OGTT etc.) A1C, Chem Panel, Prenatal labs, Lipids and UA available for use by Sutter Diabetes Care Center Staff.
Referral forms cannot be processed without Patient Demographics, Lab work, authorization, copy of insurance card, and Physician Signature. The H&P or Hollister/Prenatal records may follow at a later time. Thank you for the referral.