

Orange County Health Department Nutrition Services REFERRAL FORM

Patient Name: _____ **SS#:** _____ **Health Insurance:** _____
Address: _____

DOB: _____ **Phone #:** _____ **Today's Date:** _____

ICD-10 Code(s): _____

Diabetes Diagnosis (if applicable): Type 2 Type 1 Pre-diabetes

Requested Service: Medical Nutrition Therapy Diabetes Self-Management Education

Current Treatment:

Diet & Exercise Oral Agents: _____ Insulin: _____

Indicate one or more reason for referral:

- Recurrent elevated blood glucose levels
- Recurrent Hypoglycemia
- Change in DM treatment regimen
- High risk due to Diabetes Complications/Co-morbid conditions:
 - Retinopathy Neuropathy Nephropathy Gastroparesis Hyperlipidemia
 - Hypertension Cardiovascular disease Other _____

Height: _____ **Weight:** _____ **BMI:** _____

| Labs: | Value: | Date: | Value: | Date: |
|---------------|--------|-------|----------------|-------|
| A1C: | | | Total Chol: | |
| BP: | | | Triglycerides: | |
| FBG | | | HDL: | |
| Micro-albumin | | | LDL: | |

Education Needed:

- Comprehensive Diabetes Self-Management Skills (group) Self blood glucose monitoring
- Comprehensive Diabetes Self-Management Skills (individual) Insulin Instruction
- Basic Nutritional Management of _____
- Medical Nutrition Therapy (MNT) for _____

Indicate any existing barriers requiring customized education:

(Special needs indication required for individual DSME sessions under Medicare)

- Impaired mobility Impaired vision Impaired hearing Impaired Dexterity
- Language barrier Impaired mental status/cognition Eating disorder
- Learning disability (please specify): _____
- Other (please specify): _____

I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is a necessary part of management. (Medicare patients)

Clinician Name (Printed): _____ **Practice Name:** _____

Clinician Signature (Required): _____ **NPI #** _____

Office Address, Phone Number: _____

Please Fax Referral Form to: 919-644-3328
For Questions, Please Call: 919-245-2381



Orange County Health Department Nutrition Services Referral Process

Thank you for making a referral to Orange County Health Department's Nutrition Services. Your patients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

- If FAXING referral the clinician should complete the program referral form and include the following:
 - Requested service
 - Diagnosis Codes
 - Most recent A1C test results
 - Most recent blood pressure reading
 - Clinician's signature and NPI number
- Please fax the referral form to 919-644-3328. The Orange County Health Department is HIPAA compliant, and referrals are received by a secure fax machine.
- Please either schedule your patient for their initial appointment prior to him/her leaving your office or ask the patient to call to schedule the appointment: 919-245-2400.
- If Nutrition Services staff are unable to reach the patient after three or more attempts by phone or the patient declines services, staff will fax this information to the clinician within 30 days to complete the referral process. The clinician may refer the patient again as needed.
- If the patient misses a scheduled appointment, Nutrition Services staff will attempt to re-schedule. Staff will notify the referring office when a patient misses two consecutive appointments and request that the clinician refer again as needed.
- Once a patient has enrolled in the DSME program and when the patient completes the DSME program, DSME Program staff will fax a follow-up report to the referring clinician.

Practices can also refer to MNT directly in Epic or by CareLink following these steps:

- Under **Orders** select **Ambulatory Referral to Nutrition**
- Under **Specialty** select **Family Medicine**
- Select location: **Southern Human Services Center** (Chapel Hill) or **Whitted Human Services Center** (Hillsborough)
- Associate the **Diagnosis Code(s)** with the order and **sign**

Referring for Diabetes Self-Management Education in Epic or CareLink:

- Select **Ambulatory Referral to Nutrition Services**.
- Under **Specialty** select **Family Medicine**
- Select location: **Southern Human Services Center (Chapel Hill)** or **Whitted Human Services Center (Hillsborough)**
- In Comments **Select F2**, a pop out list for DSME will appear for **Services Requested**
- Select **Diabetes Self-Management Education- Initial Comprehensive (One hour 1:1; and 9 hours group)**
- Associate the Diagnosis Code(s) with the order and sign

If you have questions or concerns regarding this process, please feel free to contact the Nutrition Program staff 919-245-2381. Thank you once again for your referral.