



**SCRIPPS DIABETES & PREGNANCY**  
**TEL 858-678-7050 FAX 858-678-7090**  
**REFERRAL FORM**



Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 MR#: \_\_\_\_\_  
 Phone#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Insurance: \_\_\_\_\_

**ICD-10 Diagnosis Code:** \_\_\_\_\_

**PLEASE SELECT ONE BOX ONLY**

**Care Management includes:** diabetes self-management education, medical nutrition therapy, nursing assessment, and medication management.

**PATIENT EDUCATION**

1. Diabetes Self-Management Education: 5 individual visits and 1 group class (G0108x5; G0109 x1)
2. Medical Nutrition Therapy (MNT): 1 initial visit (97802) and 2 follow-up (97803); group visit as needed (97804)

**BLOOD GLUCOSE MONITORING SUPPLIES**

3. Order blood glucose testing supplies as follows for the duration of the pregnancy

**Pre-gestational diabetes (testing greater than 4x per day)**

Quantity		Refills
Glucose meter & lancing device	one	none
Lancets & Test strips	#300	3

**Gestational diabetes (testing 4x per day)**

	Quantity	Refills
Glucose meter & lancing device	one	none
Lancets & Test strips	#125	3

**NURSING ASSESSMENT**

4. Review of blood glucose monitoring results and meal planning status weekly

**MEDICATION MANAGEMENT**

5. Refer to Scripps Clinic Division of Diabetes & Endocrinology based on the following parameters:
  - a. All patients with diagnosis of pre-gestational DM (Type 1 DM, Type 2 DM, MODY, pre-DM) automatically referred unless otherwise specified
  - b. All patients on hypoglycemic agents upon entering program
  - c. Patient's self-monitored blood glucose results meet one of the following criteria:
    - 3 or more fasting blood glucose results are > 89 mg/dL
    - 3 or more post-prandial results are > 129 mg/dL

**Patient Education Only**

**Refer to Scripps Whittier Diabetes Institute for diabetes education and nutrition services**

Diabetes Self-Management Education (DSME): G0108 (indv. DSME) x 5 & G0109 (group DSME) x 1 as needed.

Medical Nutrition Therapy (MNT): 97802 (initial visit) x 1, 97803 x 2

**Nutrition Services ONLY**

Choose "Nutrition Services ONLY" if request is for home blood glucose monitoring to rule out Gestational Diabetes.

Medical Nutrition Therapy (MNT): 97802 (initial visit) x 1, 97803 x 2

Referring Physician Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ FAX: \_\_\_\_\_

**PLEASE FAX-Labs, Progress Note and Insurance information with this form. Thank You.**

*Orders preceded with a box must be checked to activate. All other orders are effective unless modified. Complete blanks to specify information not predefined. Initial each modification made to the order set, e.g., additions, deletions, strikeouts.*



\*REF 100-NS8720-694SW\*

100-NS8720-694SW (2/25/21)