HEALTHY I DIABETES AND WELLNESS CENTER LLC
REFERRAL FORM
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COMPREHENSIVE DIABETES MANAGEMENT, INSULIN AND DEVICE MANAGEMENT

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Instructions: Please fax, scan, or email this completed form with a demographic sheet and pertinent labs/medication list. Please call with questions or to coordinate care.

- **Patient Name: _____ Date of Birth (DOB): ____/_____/____**
- **Contact Number (s): _____ Patient Email Address: _____**
- **Patient Address: _____**

Reason for Referral: *This section is to be completed by the referring provider or PCP.*

- **Reason for Referral, e.g., diabetes management (includes HTN/HLD/Tobacco unless otherwise specified), insulin/pump-only adjustment, medication review only, polypharmacy review for deprescribing opportunities, etc.):**

_____
_____

Commonly Used Diagnosis Codes for Diabetes & Related Conditions: *Check all that apply and alter/change as needed. All goals will be based on ADA/ACOG/AACE standards of care unless otherwise specified on the referral.*

- **Type 1 Diabetes (T1DM):** E10.9
- **Type 2 Diabetes (T2DM):** E11.9
- **Maturity-Onset Diabetes of the Young** (MODY): E13.9
- **Pancreatogenic Diabetes:** K86.1 (Chronic pancreatitis) + E13.9
- **Latent Autoimmune Diabetes in Adults (LADA) -** Treated as **T1DM**: E10.9
- **Latent Autoimmune Diabetes in Adults (LADA) -** Treated as **T2DM**: E11.9
- **Tobacco Cessation:** Z71.6
- **Pre-Diabetes:** R73.03
- **Impaired Fasting Glucose (IFG):** R73.01
- **Insulin Pump Assessment:** Z79.4
- **Continuous Glucose Monitor (CGM) Assessment:** Z79.4 + Use Diabetes Code
- **Obesity:** E66.9
- **Hypertension (HTN):** I10
- **Hyperlipidemia (HLD):** E78.5
- **Metabolic syndrome:** E88.81
- **Gestational Diabetes:** O24.4 _____
- **Pre-existing Type ___ Diabetes in pregnancy**: O24. _____
- **Medication review/Polypharmacy review for de-prescribing recommendations ONLY**
- **Other (Specify):**

_____
_____

Referral Date: ____/_____/____ Signature of Referring Provider: _____

Group/Practice: _____ Office Phone: _____ Office Fax: _____

Office email: _____

Note: _____