

Oregon Health & Science University Hospitals
and Clinic Provider's Orders

XXXXXXXXXX

Account No.
Med. Rec. No.
Name
Birthdate

External physician referral for diabetes self-
management and medical nutrition therapy
education

OHSU Harold Schnitzer Diabetes Health Center

3181 SW Sam Jackson Park Road, Mail Code PPV-05
Portland, OR 97239
Phone: (503) 494-3273

FAX THIS REFERRAL, PERTINENT CHART NOTES AND LAB RESULTS TO (503) 346-6904.

PATIENT INFORMATION:		
Name:		DOB:
Patient Diagnosis:	Daytime Phone:	Other Contact Phone:
Insurance Name:	Insurance Phone:	Insurance ID#:

This patient cannot effectively participate in group instruction due to the following reason(s) (check any barriers that may apply):

- Visual/hearing impairment
- Language barrier
- Impaired mental status
- Learning disability
- Impaired psychosocial status
- Impaired mobility
- Group class not available
- Other _____

Please schedule the patient for (please check all that apply):

- Group** – Type 2 Comprehensive Diabetes Self-Management Education **9 hours**
- Group** – Have a Healthy Heart Course – self pay **\$25.00 (Class time 120 minutes)**
- Group** – National Diabetes Prevention Program Orientation **no charge**
- Group** – Pre-diabetes Course – Self Pay **\$25.00 (Class time 150 minutes)**
- Individual appt** – Injectable Medications (**specify needs**)
- Individual appt** – Insulin Start (**specify type and doses**)
- Individual appt** – Medical Nutrition Therapy (**specify needs**)
- Individual appt** – Meter Teaching
- Individual appt** – Physical Activity
- Individual appt** – Pre-pump Assessment
- Individual appt** – Pump/insulin Pump Education (**specify needs**)
- Individual appt** – Sensor/one week (**specify sensor type**)
- Individual appt** – Sensor/patient owned