Nutrition Services

1:1 appointments with a Registered Dietitian for most nutrition-related health concerns including:

- Diabetes
- Prediabetes
- Weight Management
- IBS/GERD/Short Bowel
- Hypertension
- GI
- Cardiovascular Health
- Dyslipidemia
- Food Allergies
- Kidney Disease
- Celiac Sprue

Diabetes Education

Diabetes Self-Management Education

Our Diabetes Education Center meets the National Standards for Diabetes Education and is recognized by the American Diabetes Association. Topics include nutrition, activity, healthy coping, medications, glucose monitoring, prevention of complications and more.

Classes are a covered Medicare and Medicaid benefit and are covered by many private insurers.

1:1 Appointments with a Registered Dietitian

We work with patients on meal planning, glucose patterns, snack ideas, carbohydrate counting and more. Sessions are covered by Medicare and some private insurers. We also offer competitive self-pay rates.

For questions, please call 303-269-4859

Faxed Referrals:

1. Referral form is available on the backside or download at www.centura.org/care-and-health/diabetes-care
2. Via Fax form to 303-269-4504

For diabetes referrals, selecting all boxes in the shaded area will allow patients to be seen 1:1 and attend class

EPIC Referrals:

1. Non-Diabetes Referral: Choose "Ambulatory referral to Nutrition" and send to PKR (Parker)
2. Diabetes Referral: Choose "Ambulatory referral to Diabetes Education", and choose all options under "Education Plan" and send to PKR (Parker)
Outpatient Medical Nutrition Counseling and Diabetes Education Referral Form
Parker Adventist Hospital  For questions, call 303-269-4859

FAX referral to 303-269-4504

Patient will be referred to location of choice if needs unable to be met at above location.  Referral date___/___/____

Patient Last Name__________________________ First Name_____________________ MI________
Date of Birth ___/___/____   Insurance: __________________________ Phone Number: ___________________

** Labs, medication and pertinent medical hx are: □ attached □ in EPIC EMR

| Nutrition Referral for Patients with **non-Diabetes dx**: ICD-10 _______ |
| □ Individual Nutrition Counseling (MNT) for dx: ____________________________ |

| Nutrition Referral for Patients with **Prediabetes**: ICD-10 _______ |
| □ Individual Nutrition Counseling (MNT) |

| Nutrition referral for Patients with **Gestational Diabetes**: ICD-10 _______ |
| □ Individual Nutrition Counseling (MNT) |

| Referral for Patients with **Type 1 or Type 2 Diabetes***: ICD-10 _______ |
| Diabetes Classes (DSMT) and 1:1 nutrition counseling (MNT) are separate services and complement each other. |
| Select ALL boxes below for comprehensive diabetes education: so that we may schedule patients based on insurance benefits, preferences, location and ability to attend class and /or 1:1. |
| → □ Initial Comprehensive Diabetes Self-Management Training CLASSES (DSMT) 10 hours, all 9 topics |
| → □ DSMT Follow-up – 2 hours |
| → □ Medical Nutrition Therapy (MNT)* 3 hours initial year |
| → □ MNT* 2 hours follow-up |
| Additional _____ hours of MNT requested due to: □ medication change □ medical condition change |

Indicate any existing barriers to group learning requiring customized education:
| □ Eating disorder □ Impaired psychosocial □ Learning disability □ Physical disability |
| □ Impaired dexterity □ Visual/hearing impairment □ Language barrier |

Provider Name: ____________________________ Date: ___/___/____  Phone#: ____________________________

Provider Signature*: ____________________________ Fax#: ____________________________

*MEDICARE REQUIREMENTS: MNT referrals must be ordered by MD or DO. DSMT can be ordered by MD, DO or midlevel provider managing the patient’s diabetes.