MARQUETTE GENERAL
Nutrition & Wellness/Diabetes Education

Phone 906-225-3221
Fax 906-225-7427

580 W. College Avenue
Marquette, MI 49855

Nutrition and Wellness / Diabetes Education Referral Form

REASON FOR REFERRAL:

_____ Chronic Kidney Disease: Stage _____

_____ Diabetes: Type 1
Type 2 **(please circle)**
Gestational
72 hour Continuous Glucose Monitoring Study

_____ Eating Disorder _____ Food Allergies **(list)**________________________

_____ Hyperlipidemia _____ Hypertension _____ Pre-diabetes _____ Weight Management

_____ Other: ______________________________

Please include a copy of patients most recent lab work (if applicable)

Patient Name	Social Security #	Birth Date:	Sex:
Address	Home Phone	Cell Phone	
City/State/Zip Code	Patient's Employer	Work Phone	
Primary/Referring Physician			
Primary Insurance Name	Secondary Insurance Name		

PLEASE SIGN:

Physician Signature: ______________________________ **Date:** ______________

FOR DIABETES EDUCATION REFERRALS ONLY:

PLEASE SIGN below if you approve titration of insulin by a diabetes educator

Physician Signature: ______________________________ **Date:** ______________

(FOR NUTRITION & WELLNESS / DIABETES EDUCATION STAFF USE ONLY)

Date of Request	Appointment Date	Educator	Medical Record Number

Revised 1/2011