

* Indicates Required Information for Medicare patients

PREFERRED LOCATION & DEMOGRAPHICS

Med Center Pearland Sugar Land West Houston Willowbrook The Woodlands San Jacinto

SCHEDULING PHONE/FAX: 713-441-5975 | FAX: 713-790-6366

PATIENT'S NAME	DATE OF REFERRAL	DOB	SEX	M	F
PRIMARY PHONE	ALT PHONE	PATIENT ADDRESS			
PATIENT INSURANCE					

COMPLETE ALL PERTINENT DIAGNOSIS ICD 10 CODES

Type 1 Diabetes	E10.____	Obesity	E66.____	Thyroid	____.____
Type 2 Diabetes	E11.____	Metabolic Syndrome	E88.____	GI	____.____
Other Diabetes	E13.____	Hypertension	I10.____	Liver	____.____
Impaired/Abnormal Glucose	R73.____	High Cholesterol	E78.____	Cancer	____.____
Gestational Diabetes	O24.____	Renal	N18.____	Other	____.____

***DIABETES EDUCATION: Complete Entire Section Below if Referring for Diabetes Self-Management Education (DSME)**

- Check type of services needed and number of hours requested:
 - Initial Comprehensive Diabetes Ed - up to 10 hrs and all 9 ADA core topics
 - Follow-Up Education – up to 2 hrs
 - Specific topics and hours if needs vary from above: _____
- Indicate any special needs requiring Individual or Customized Education:
 - Language Vision/Hearing/Physical Insulin Training Recent Organ Transplant
 - Literacy Carb to Insulin Ratio Ed Pump Overview Other _____

With my signature below, I hereby certify that I am managing this patient's diabetes condition and that the above prescribed training is a necessary part of management.

***MEDICAL NUTRITION THERAPY (MNT) & INTENSIVE BEHAVIORAL THERAPY (IBT)**

Check type of service(s) requested:
 MNT (Initial up to 3 hrs/Follow-up up to 2 hrs) IBT (nutrition & behavioral counseling for BMI>30) Weight Loss Programs

LABS

Attach recent lab work and progress notes.

REFERRING PHYSICIANS

Additional Instructions

Physician's Name & Address	Physician NPI	Contact for Questions: Contact Name: _____ Phone No. _____ Fax No. _____
Physician's Signature	Date/Time	

HOUSTON METHODIST WEIGHT MANAGEMENT CENTER REFERRAL INSTRUCTIONS

WEIGHT LOSS PROGRAMS

Moderate and rapid weight loss programs help establish healthy eating habits, lifestyle changes and increased physical activity.

- Weekly check-ins
- Weight loss of 2-5 pounds per week
- Meal replacement options
- Lifestyle modification classes led by dietitians, mental health and exercise professionals

Orientations are scheduled online at houstonmethodist.org/weight-management or by calling 832.667.5673.

DIABETES EDUCATION

Recognized by the American Diabetes Association, our programs focus on personalized treatment plans for patients with diabetes so they can manage their disease and improve their health:

- Group and individual education
- Prediabetes, type 1, type 2 and gestational diabetes

MEDICAL NUTRITION THERAPY*

Individual/group session with a registered dietitian. Please include all pertinent diagnoses for optimal insurance coverage. Session includes:

- Nutrition assessment
- Nutrition education
- Patient-centered goals
- Individualized nutrition recommendations

WEIGHT LOSS SURGERY

For patients with a body mass index (BMI) between 35 and 40 and a life-threatening comorbidity (diabetes, high blood pressure, heart problems, sleep apnea or reflux disease) or a BMI greater than 40.

- Sleeve Gastrectomy, Roux-en-Y, revisions
- Pre- and postsurgery programs
- National recognition from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

TWO WAYS TO REFER

EPIC

Ambulatory referral to HM Weight Management

- Diabetes Education (REF398)
- Medical Nutrition Therapy* (REF399)
- Weight Loss Surgery (REF71)

FAX

Fax the referral order form to **713.790.6366**

Download referral order form at

houstonmethodist.org/weight-management

Select "Physician Referral Form"

*Medical Nutrition Therapy

For patients with a BMI of 30 or higher, in the referral instructions, please select:

- Medical Nutrition Therapy Referral (MNT)
- Intensive Behavioral Therapy Referral (IBT)
 - Must include both MNT and IBT

