

REQUEST FOR SERVICES
DIETITIAN & CERTIFIED DIABETES EDUCATOR
SIU Department of Obstetrics & Gynecology

Patient Name: _____ DOB: _____

Patient Phone: 1. _____ 2. _____

Is patient pregnant? Yes No EDC: _____

Insurance: _____

(Please verify insurance coverage.)

Referring MD: _____

Referring Dx: _____

Frequent Dx:

- Pre-conceptual Counseling
- Weight Management: ↓ desired desired
- Multiple gestation: Twins Triplets Other: _____
- Hyperemesis Gravidarum
- Gestational Diabetes
- Type 1 Diabetes
- Type 2 Diabetes

Services Requested:

- Dietitian Consult Only
- Dietitian Consult for Ongoing Care (*Ongoing management of Diagnosis throughout pregnancy*)
- Dietitian & Diabetes Educator Consult Only
- Diabetes Educator Consult for Total Diabetes Care (*Ongoing Management of Diabetes in Pregnancy*)
- Other _____

Please attach a copy of current medical records and insurance card.

**** Please send separate Maternal Fetal Medicine referral sheet for their consultation or indicate dietitian/diabetes educator referral on their sheet.***

** Only one set of records is needed.*

** Thank you for the referral.*

Please fax applicable documents with this completed form to:

Attention Dietitian/Diabetes Educator at: Fax: 217-545-4912

Phone: 217-545-5117