



### Diabetes Order Form for Center for Diabetes Management, Education, MNT, and DSMT Services

Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) are individual and complimentary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

Patient's name \_\_\_\_\_ DOB \_\_\_\_\_

Patients Address \_\_\_\_\_

Phone Number \_\_\_\_\_ **Health Insurance, Medications, and Medical History (please attach a copy)**

Primary Care Physician \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

**Diabetes Diagnosis:**

- Type 1, uncontrolled -250.03
- Type 1, controlled -250.01
- Type 2, controlled -250.00
- Type 2, uncontrolled -250.02
- Gestational -648.8
- Pre-existing DM with Pregnancy -648.0
- Pre-diabetes - 790.29
- Other \_\_\_\_\_

**Current Treatment:**

- Diet & Exercise
- Oral agents: specify \_\_\_\_\_
- Insulin: specify \_\_\_\_\_

**Indicate one or more reason for referral:**

- Newly diagnosed
- Recurrent hypoglycemia
- Other \_\_\_\_\_
- Recurrent elevated blood glucose levels
- Change in diabetes treatment regimen

**Diabetes Complication/Comorbidities: specify**

- Retinopathy
- Neuropathy
- Nephropathy
- Gastroparesis
- Hyperlipidemia
- Hypertension
- Cardiovascular disease
- Other: \_\_\_\_\_

**Laboratory Data:**  Check here if Lab Data is available from WMHS or attach report

- FBG \_\_\_\_\_ Date: \_\_\_\_\_
- HgbA1C \_\_\_\_\_ Date: \_\_\_\_\_
- Total Cholesterol \_\_\_\_\_ Date: \_\_\_\_\_
- Triglycerides \_\_\_\_\_ Date: \_\_\_\_\_
- BUN \_\_\_\_\_ Date: \_\_\_\_\_
- Cr \_\_\_\_\_ Date: \_\_\_\_\_

**Center for Diabetes Management**

\_\_\_\_ Check here if referring for all services offered including Nurse practitioner, Education, and Dietician services

**Diabetes Self-Management Training**

- Initial Comprehensive Self -Management Skills (group) up to 10 hours unless otherwise noted. \_\_\_\_\_ hours  
(Content: Monitoring, Disease Process, Psychological, Physical Activity, Nutrition, Medications, Prevent, detect and treat acute complications, Goal Setting/Problem Solving, insulin injection taught if requested.
- Follow-up DSMT up to 2 hours unless otherwise noted. \_\_\_\_\_ hours.

**Medicare coverage:** 10 hours initial DSMT in 12 month period from the date of the referral. 2 hours of follow-up in the following years, new referral required for follow up hours.

Patients with special needs requiring 1 on 1 DSMT (check all that apply)

- Vision
- Cognitive Impairment
- Hearing
- Language Limitations
- Physical
- Other \_\_\_\_\_

**Medical Nutrition Therapy**

- Initial MNT
- Annual follow-up MNT
- Additional MNT services in the same calendar year, per RD recommendations. *Please specify change in diagnosis, medical condition, or treatment regimen*

**Medicare** covers 3 hours initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis. New referral required each calendar year.

Current Diet Therapy \_\_\_\_\_

Registered Dietitian will educate on calories needs determined during Medical Nutrition Therapy assessment unless otherwise indicated:

Physician/Provider-Signature & NPI# (Required) \_\_\_\_\_ Date: \_\_\_\_\_  
Physician/Provider Name (printed) \_\_\_\_\_