# PHYSICIAN ORDER FOR

## DIABETES SELF-MANAGEMENT TRAINING SERVICES (OUTPATIENT)

I am referring: ____________________________ for medically necessary outpatient self-management training.

<table>
<thead>
<tr>
<th>Insurance/Health Plan</th>
<th>Authorization #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>S.S. #</td>
</tr>
</tbody>
</table>

**Primary Language:**

<table>
<thead>
<tr>
<th>Daytime Phone #</th>
<th>Evening Phone #</th>
<th>Home Address</th>
</tr>
</thead>
</table>

**Height**

<table>
<thead>
<tr>
<th>Weight</th>
</tr>
</thead>
</table>

### DIAGNOSIS

<table>
<thead>
<tr>
<th>ICD-9 CODE:</th>
</tr>
</thead>
</table>

- □ 250.00 Diabetes type 2 controlled
- □ 250.01 Diabetes type 1 controlled
- □ 250.02 Diabetes type 2 uncontrolled
- □ 250.03 Diabetes type 1 uncontrolled

- □ 648.00 Diabetes with pregnancy
- □ 648.83 Gestational diabetes
- □ 277.7 Dysmetabolic syndrome
- □ 790.20 Abnormal GT (pre-diabetes)

### MEDICAL STATUS AND / OR COMPLICATIONS:

- □ Newly diagnosed
- □ Severe hypo/hyperglycemia
- □ Vascular Disease
- □ Obesity
- □ New to Insulin
- □ Nephropathy
- □ Foot problem
- □ Gastroparesis
- □ New to oral anti-diabetes agents
- □ Retinopathy
- □ Neuropathy
- □ Other:

### PLAN OF CARE:

**PLEASE CHECK DESIRED COMPONENTS**

- □ Diabetes Self-Management (6 hours) – includes:
  - Assessment and introduction to behavior change
  - Diabetes overview and treatment
  - Basics of nutrition
  - Evaluating diabetes control
  - Chronic complications
  - Acute complications
  - Physical activity
  - Foot care
  - A1C (Baseline, 3 mos., 12 mos.)
  - Follow-up within 3 months
  - Follow-up at 12 months

- □ Gestational diabetes mellitus (GDM) (3 hours) – includes:
  - Assessment and introduction to behavior change
  - Overview
  - Monitoring
  - Nutrition management
  - 1 week follow-up
  - 6 week post-partum follow-up

### Additional Modules Offered (1 hour each unless otherwise noted): (typically selected along with, but may be selected independently of Diabetes Self-management program)

- □ Nutrition and CHO counting – 1
- □ Hyperlipidemia
- □ Nutrition and CHO counting – 2
- □ Physical Activity
- □ Exchange List
- □ Coping with diabetes
- □ Weight Management
- □ Insulin initiation (1.5 hours): Insulin type(s), dose(s), and time:
  - Patient to continue oral medications? □ Yes □ No
  - Insulin pump instructions (6.5 hours):
    - Specify model name
    - Basal rate(s)
    - Bolus:

### Medical Nutrition Therapy Orders:

- □ Calorie level
- □ Consistent CHO
- □ Dietitian to determine calories
- □ Dietitian to determine insulin to CHO ratio

- □ Follow up education – for pts who complete initial ed (Medicare only: limit 2 hours maximum annually)

- □ Please provide individual education sessions as patient unable to benefit from group classes due to severe impairment of sight, speech, language, or hearing; cognitive, physical or emotional limitations. (Please circle appropriate descriptor.)

### DESIRED PLASMA GLUCOSE RANGE:

- □ Pre-prandial: 90-130 mg/dl (Non-preg adult)
- □ Post-prandial: less than 180 mg/dl (Non-preg adult)
- □ Pre-prandial: ______ mg/dl
- □ Post-prandial: less than ______ mg/dl

### RECENT RESULTS:

<table>
<thead>
<tr>
<th>A1C</th>
<th>Blood Pressure</th>
<th>Cholesterol</th>
<th>LDL</th>
<th>HDL</th>
<th>Trig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Date</td>
<td>Date</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In case of hypoglycemia, follow outpatient hypoglycemia protocol.

**Physician Signature**

**Physician’s Name (Print):**

**Date**

**Phone**

Please fax completed form to 760-510-7390 or mail to DiabetesHealth.