PALOMAR
POMERADO
HEALTH
SPECIALIZING IN YOU

DiabetesHealth
Main Office: 120 Craven Road, Suite 207, San Marcos, CA 92078
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PHYSICIAN ORDER FOR DIABETES SELF-MANAGEMENT TRAINING SERVICES (OUTPATIENT)

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

Insurance/Health Plan _____
Insur. ID # _____ Authorization # _____
Date of Birth _____ S.S. # _____

Primary Language: _____
Daytime Phone # _____
Evening Phone # _____
Home Address _____
_____
Height _____ Weight _____

DIAGNOSIS ICD-9 CODE:

- ☐ 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
- ☐ New to Insulin
- ☐ New to oral anti-diabetes agents
- ☐ Severe hypo/hyperglycemia
- ☐ Nephropathy
- ☐ Retinopathy
- ☐ Vascular Disease
- ☐ Foot problem
- ☐ Neuropathy
- ☐ Obesity
- ☐ Gastroparesis
- ☐ 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
- ☐ Nutrition and CHO counting – 2
- ☐ Exchange List
- ☐ Weight Management
- ☐ Hyperlipidemia
- ☐ Physical Activity
- ☐ Coping with diabetes
- ☐ Self-blood glucose monitoring
- ☐ Medication management – insulin (1.5 hours)
- ☐ Medication management – oral agents
- ☐ 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)
- ☐ Pre-prandial: ____-____ mg/dl
- ☐ Post-prandial: less than 180 mg/dl (Non-preg adult)
- ☐ Post-prandial: less than _____ mg/dl

RECENT RESULTS:

A1C _____ Date _____	Blood Pressure _____ Date _____	Cholesterol_____ LDL _____ HDL _____ Trig _____ Date _____

☒ In case of hypoglycemia, follow outpatient hypoglycemia protocol.

Physician Signature_____ Date_____ Phone_____
Physician's Name (Print):_____

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