

DIABETES EDUCATION REFERRAL



SCHEDULING 1.310.303.5358

Please Fax this form to 1.310.303.5308 and give to patient for scheduling

Patient's Name _____ D.O.B. _____

Phone: _____ Insurance: _____

DIABETES SELF-MANAGEMENT PROGRAM CLASSES

Medicare: 10 hours initial DSME in 12 month period, plus 2 hours follow-up DSME annually

*Check type of training services applicable complications/comorbidities

GROUP EDUCATION CLASSES
 (Comprehensive program with meal planning included. For patients with no previous diabetes education) **Maximum of 10 hours will be provided unless otherwise specified here: _____ hours**

INDIVIDUAL EDUCATION CLASSES
 (Choose this for patients with learning barriers – see list below). **Time with RN and with RD will be provided unless otherwise specified here: _____**

GESTATIONAL DIABETES (GDM)
 (Only for patients with GDM– RN & RD Appointments)

INSULIN INSTRUCTION (Individual instruction)

- Affecting pregnancy
- Controlled with diet and exercise
- Controlled with diet, exercise, and medication
 - Oral Insulin

RN may titrate Lantus dose every 2-3 days to reach fasting target 70-130 mg/dL with the following fixed regimen:

- **FBG > 180 mg/dL: add 4 units**
- **FBG 140-180 mg/dL: add 2 units**
- **FBG 110-139 mg/dL: add 1 unit**

- 1st trimester 2nd trimester 3rd trimester

If hypoglycemia, reduce TDD by:

- **BG < 70 mg/dL: 10%-20%**
- **BG < 40 mg/dL: 20%-40%**

MEDICAL NUTRITION THERAPY (MNT)
 (Recommended for patients with DM or Pre-DM who only require this one service). Referral must be signed by MD or DO. Non-physician practitioners may not order MNT services for Medicare patients.

EDUCATION REVIEW
 (For patients who are not new to DM but would benefit from a review – RN & RD appointments) **1 hour with RN and 1 hour with RD will be provided unless otherwise specified here: _____ hours (max of 2 hours)**

An American Diabetes Association Education Recognition Program designed to provide educational content based on the National Standards topics including: disease process, monitoring, nutrition, physical activity, medications, acute and chronic complications, psychological adjustment, preconceptions care/pregnancy or gestational diabetes as appropriate.

DIAGNOSIS

- DM Type 1, uncontrolled DM Type 2, controlled Prediabetes Gestational Diabetes A1 A2
- DM Type 1, controlled DM Type 2, uncontrolled
- with long term current use of insulin without long term current use of insulin
- Other: _____

Complications/Comorbidities (Check all that apply)

- Change in treatment Stroke Retinopathy Renal disease PCOS
- Hypertension CHF Celiac Disease Nephropathy Pregnancy & Diabetes
- Dyslipidemia CHD Hypoglycemia Non-healing wound Obesity
- Neuropathy

Please indicate any existing barriers requiring individual classes

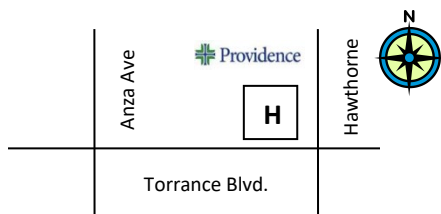
- Impaired mobility Language barrier: _____ Impaired mental status Impaired dexterity
- Impaired vision Eating disorder Impaired cognition Psychosocial issues
- Impaired hearing Learning disability Other (please specify)

I certify that I am managing this beneficiary's diabetes and that the above prescribed training is a necessary part of management (Medicare pts)

Physician's Name (PRINTED CLEARLY) _____

Physician's Signature _____ Date _____ Time _____

Office Phone _____ Office Fax _____



Providence Diabetes Management Program
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