



1

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ Insurance page attached

2

DIAGNOSIS:  Type I / Controlled 250.01  Type II / Controlled 250.00  Gestational Diabetes 648.83
 Type I / Uncontrolled 250.03  Type II / Uncontrolled 250.02  Pre-existing Diabetes with Pregnancy T1 or T2
 Other diabetes ICD-9 code: \_\_\_\_\_

When Diagnosed: \_\_\_\_\_ Prior diabetes education: No \_\_\_\_\_ Yes \_\_\_\_\_ When \_\_\_\_\_

DIABETES SELF MANAGEMENT TRAINING / EDUCATION

3

Group Self Management Class (Comprehensive Education) 10 hours, including up to 15 minutes of walking\*

Class Series: 1 individual hour and classes totaling 9 hours plus follow-up sessions.
Topics: diabetes diagnosis, pathology, nutrition, including carbohydrate counting, monitoring, meds, exercise, acute/long term complications, emotional issues, resources, changing behaviors, setting goals.

Individual diabetes Education: 1- 2 hours

Blood glucose monitoring/ADA goals or fasting: \_\_\_\_\_ 2 hours postprandial: \_\_\_\_\_
 Injectable medication initiation or change in regimen/delivery:
Med Name: \_\_\_\_\_ Dose: \_\_\_\_\_
Frequency: \_\_\_\_\_ Device: \_\_\_\_\_
 Identifying barriers/Finding solutions for self care
 Other individual needs:

Gestational Diabetes Education: Concepts of nutrition, monitoring goals for pregnancy, other related concerns.

Individual/group education: 1-2 hour initially and follow-up as needed.
Blood Glucose Goals: fasting: \_\_\_\_\_ 1 hour PC \_\_\_\_\_ 2 hours PC \_\_\_\_\_
 Post pregnancy follow-up: Individual 1 hour

Diabetes Medical Nutrition Therapy: Nutrition concepts taught by registered dietitian.

Nutrition assessment, counseling regarding diabetes nutrition related to lifestyle changes and problem solving.
Topics may include: macronutrients, carbohydrate counting, insulin: carbohydrate ratios, as appropriate.
 Initial MNT Special concerns: \_\_\_\_\_
 Annual follow-up MNT Insulin: Carb ratio: \_\_\_\_\_
 Additional MNT services in the same calendar year per RD recommendations.

Medicare coverage: 3 hrs initial MNT in the first calendar year, plus 2 hrs follow-up MNT annually

ADDITIONAL INFORMATION / MEDICAL HISTORY

4

Patients with special needs requiring individual DSMT: Check all that apply:

Hearing  Vision
 Physical  Cognitive
 Language  Other: \_\_\_\_\_

Complications/Co-Morbidities: Check all that apply:

Hypertension  Diabetic Nephropathy/Renal
 Dyslipidemia  Diabetic retinopathy
 CHF  Diabetic neuropathy
 CAD/CVD  PVD  Liver Disease
 CVA/TIA  Obesity  Non-healing wound
 Psychiatric  Other \_\_\_\_\_

Most recent lab data (or fax lab data): Date: \_\_\_\_\_ HbA1c \_\_\_\_\_ Date: \_\_\_\_\_ FBG \_\_\_\_\_
Date: \_\_\_\_\_ Total Cholesterol \_\_\_\_\_ HDL \_\_\_\_\_ Triglycerides \_\_\_\_\_ LDL \_\_\_\_\_
Average blood pressure: \_\_\_\_\_ Date: \_\_\_\_\_ Urine Microalbumin \_\_\_\_\_

5

\*My Patient is medically cleared to participate in up to 15 minutes of walking in diabetes class.
 \*My Patient is NOT medically cleared to participate in any exercise in diabetes class.

I am referring this patient for medically necessary diabetes self-management training/education.

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PROVIDER'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Name (printed) \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Fax#: \_\_\_\_\_

DIABETES EDUCATION REFERRAL

Winter Haven Hospital, Inc.
Winter Haven, FL 33881



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