

TRIDENT DIABETES EDUCATION -- OUTPATIENT

Patient Name M / F DOB SSN

Address City State Zip

Home # Cell # Work #

Insurance ID # Medicare HICN#

Diagnosis: (Please send recent labs for outcomes evaluation)

- Type 2 Diabetes -- Controlled (250.00) Type 2 Diabetes -- Uncontrolled (250.02)
Type 1 Diabetes -- Controlled (250.01) Type 1 Diabetes -- Uncontrolled (250.03)
Pregnancy -- Pre-existing DM (648.00) Pregnancy -- Gestational Diabetes (648.80)
Impaired Fasting Glucose -- IFG (790.21) Impaired Glucose Tolerance Test (790.22)
Other Abnormal Glucose (790.29) Hypoglycemia unspecified (251.2)

New Diagnosis:

FBS >126 mg/dL x 2 2 hour post OGTT >200 mg/dL Random 200 mg/dL + s/sx A1C >6.5%

Established Diabetes: Two A1c > 8.5% (3 months apart) Documented complication / comorbidities:

- HTN Nephropathy Non healing wound Mental /
Dyslipidemia Renal Disease PVD Affective
Stroke Retinopathy CHD Disorder
Neuropathy Pregnancy Obesity Other

**Important Note: Insurance may refuse to pay for diabetes education if the above criteria are not followed.

Patient Behavioral Goals:

Current/Desired Clinical Outcomes: A1c BP mmHg BMI Weight
Cholesterol LDL HDL Trig

Diabetes Medications (specify type, dose, frequency):

Oral:
Insulin:

Diabetes Self Management Training (DSMT) (check type of education services being ordered):

- Complete DSMT Program (10 hours Total) -- Assessment / Plan / Intervention / Follow-up
Initial Assessment (1/2 hour) -- Required by the ADA, prior to class attendance
Diabetes Disease Process (2 hours) -- Overview of Diabetes, Goal Setting, and Stress Management
Nutrition Management--MNT (2 hours) -- Carb. Counting, Fats / Cholesterol, Sodium, Portion Control
Monitoring Blood Sugars & Exercise (2 hours) -- Monitoring blood sugars, A1c, BP, Exercise
Medications & Complications (2 hours) -- Oral and Insulin medications, Complications, Risk Reduction
3 month follow-up (1/2 hour) -- Evaluate patients A1c level, Blood Sugars, BMI, Medications
Continuing Education - 2 hours/calendar year of F/U education as indicated by physician
Insulin Instruction (type / dosage)
Diabetes In Pregnancy (1-2 hours) -- Nutritional Management, Glucose monitoring, Exercise

Patient requires: DSMT -- GROUP instruction DSMT -- INDIVIDUAL instruction

Patient has special need(s) to receive individual instruction (check all that apply):

Vision Hearing Physical Cognitive Impairment Language

Request to have the following sent to physicians office: Summary of Diabetes classes completed
All Diabetes Education notes on patient

I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is a necessary part of management.

Physician Signature: Date Phone #:

Thank You For This Referral

TMC * Diabetes Ed. Dept * 9302 Medical Plaza Dr.--Suite A * Charleston, SC 29406 * Office: (843) 847-5000 * Fax: (843) 847-5017