

DIABETES SELF-MANAGEMENT TRAINING SERVICES

PHYSICIAN REFERRAL

2075 E. Flamingo Rd. Ste. 225
Las Vegas, NV 89119

Phone: (702) 369-7560 Fax: (702) 369-7564



I am referring: _____ Date of Birth: _____
for medically necessary outpatient self-management training. Patient Phone: _____

Note to Physician: Please check at least 1 box in numbers 1-4, and provide the most recent A1C results in box 5.

1. Diagnosis:	<input type="checkbox"/> E11.65 Type 2 DM w Hyperglycemia	<input type="checkbox"/> E10.65 Type 1 DM w Hyperglycemia
ICD-10 Code:	<input type="checkbox"/> E11.8 Type 2 DM w Unspecified Complications	<input type="checkbox"/> E10.8 Type 1 DM w Unspecified Complications
	<input type="checkbox"/> E11.9 Type 2 DM w/o Complications	<input type="checkbox"/> E10.9 Type 1 DM w/o Complications
	<input type="checkbox"/> E16.2 Hypoglycemia Unspecified	<input type="checkbox"/> R73.09 Other Abnormal Glucose
	<input type="checkbox"/> O24.419 Gestational Diabetes Mellitus Pregnancy, unspecified control	<input type="checkbox"/> O24.919 Unspecified DM Pregnancy

2. Medical status and/or complications:	<input type="checkbox"/> Newly diagnosed	<input type="checkbox"/> Severe hypo/hyperglycemia	<input type="checkbox"/> Vascular disease	<input type="checkbox"/> Gastroparesis
	<input type="checkbox"/> New to insulin	<input type="checkbox"/> Nephropathy	<input type="checkbox"/> Foot problem	<input type="checkbox"/> Obesity
	<input type="checkbox"/> New to oral anti-agents	<input type="checkbox"/> Retinopathy	<input type="checkbox"/> Other:	

3. **Diabetes Education** (Check all that apply.)

Comprehensive Diabetes Management Program (DSME/T)
(DSME/T) Delivered in 3 sessions, up to 10 hrs - Content: Diabetes as a disease process, nutrition, physical activity, medications, monitoring, prevent, detect, and treat acute and chronic complications, psychological adjustment, goal setting and problem solving

Medical Nutrition Therapy (MNT): Focused Nutritional Therapy and Meal Planning - up to 3 hours

Follow-up Classes-Post initial education DSME/T up to 2 hours
Content: Diabetes as a disease process, nutrition, physical activity, medications, monitoring, prevent, detect, and treat acute and chronic complications, psychological adjustment, goal setting and problem solving

Follow-up Classes-Post initial education MNT up to 2 hours Content: Nutrition review and meal planning adjustments

Gestational Diabetes up to 2 hours Content: Preconception/Pregnancy management or GDM.

Individual Education- Patient unable to benefit from group classes due to impairment of speech, language, hearing or sight, cognitive, physical or emotional limitation. Please provide individualized educational sessions. Content requested _____

Insulin Instruction: _____ number of hours requested. Specify dose, type, frequency _____
Patient to continue oral medications? Yes No

Other Injectable Instruction: _____ number of hours requested. Specify dose, type, frequency, name _____
Patient to continue oral medications? Yes No

Glucose Meter Instruction: 1/2 hour or _____ number of hours requested.

4. **Diagnostic Testing** CGMS (Continuous Glucose Monitoring) ABI (ankle-brachial index) for PAD

<p>5. A1C Results:</p> <p>1: Result: _____ Date: _____</p> <p>2: Result: _____ Date: _____</p>	<p>Other Orders: _____</p> <p>_____</p> <p>_____</p>
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In case of hypoglycemia, follow DSH hypoglycemia protocol.
Comments: _____

Intensive Insulin Management

Basal insulin: _____ units

Bolus insulin: _____ units

Carbohydrate ratio 1: _____ grams of carbohydrate pre-meal

High blood sugar correction 1: _____ mg/dL > _____ mg/dL pre-meal

High blood sugar correction 1: _____ mg/dL > _____ mg/dL post-meal

Date/Time _____ Physician Signature _____ Printed Name or License # _____

<p>BAR CODE</p> <p>*PO0010*</p> <p>PO0010 - Physician Orders</p>	<p>DESERT SPRINGS HOSPITAL MEDICAL CENTER DIABETES SELF-MANAGEMENT TRAINING SERVICES PHYSICIAN ORDER Page 1 of 2 (PMM# 77603769) (R 3/19) (IKON TRAK)</p>	<p>PATIENT IDENTIFICATION</p>
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