

**DIABETES SELF-MANAGEMENT TRAINING SERVICES PHYSICIAN ORDER**

I am referring: \_\_\_\_\_

for medically necessary outpatient self-management training. Phone: \_\_\_\_\_

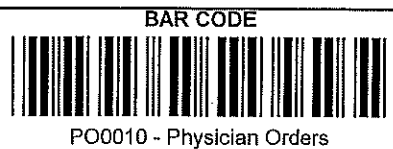
**Note to Physician:** Please check at least 1 box in numbers 1-4, and provide the most recent A1C results in box 5.

1.	Diagnosis: ICD-10 Code:	<input type="checkbox"/> E11.65 Type 2 DM w Hyperglycemia <input type="checkbox"/> E11.8 Type 2 DM w Unspecified Complications <input type="checkbox"/> E11.9 Type 2 DM w/o Complications <input type="checkbox"/> E16.2 Hypoglycemia Unspecified	<input type="checkbox"/> E10.65 Type 1 DM w Hyperglycemia <input type="checkbox"/> E10.8 Type 1 DM w Unspecified Complications <input type="checkbox"/> E10.9 Type 1 DM w/o Complications <input type="checkbox"/> R73.09 Other Abnormal Glucose <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.)		
	<input type="checkbox"/> Comprehensive Diabetes Management Program (DSME/T) and Medical Nutrition Therapy (MNT) (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 (MNT) Delivered in 1 hour individual session and 2 hour group session, up to 3 hours - Content: Focused Nutrition Therapy and Meal Planning		
	<input type="checkbox"/> Medical Nutrition Therapy (MNT) only: Focused Nutritional Therapy and Meal Planning-1hour individual and 2 hour group session		
	<input type="checkbox"/> Follow-up Classes-Post initial education DSME/T and MNT (Group sessions) up to 2 hours each 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; Nutrition review and meal planning adjustments		
	<input type="checkbox"/> Gestational Diabetes up to 2 hours Content: Preconception/Pregnancy management or GDM.		
	<input type="checkbox"/> 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 _____		
	<input type="checkbox"/> Insulin Instruction: _____ number of hours requested. Specify dose, type, frequency _____ Patient to continue oral medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Other Injectable Instruction: _____ number of hours requested. Specify dose, type, frequency, name _____ Patient to continue oral medications? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Glucose Meter Instruction: 1/2 hour or _____ number of hours requested.		
4.	Diagnostic Testing: <input type="checkbox"/> CGMS (Continuous Glucose Monitoring) <input type="checkbox"/> ABI (ankle-brachial index) for PAD		
5.	A1C Results:		Other Orders:
	1: Result: _____ Date: _____		_____
	2: Result: _____ Date: _____		_____

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 #



**DESERT SPRINGS HOSPITAL**  
MEDICAL CENTER  
DIABETES SELF-MANAGEMENT  
TRAINING SERVICES PHYSICIAN ORDER  
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(PMM# 77603769) (R 6/16) (IKON TRAK)

PATIENT IDENTIFICATION

