



DIABETES and NUTRITION EDUCATION SERVICES ORDER FORM

inControl Diabetes Learning and Resource Center • 1449-A S. Beretania St. • Honolulu, HI 96814
phone 808-450-2402 • www.incontrolhawaii.net

FAX FORM and RECENT LABS to 808-450-2399 and GIVE COPY TO PATIENT

Patient Information:

| | | | |
|---|-------------|----------------|----------|
| Patient's Last Name | First Name | Middle | |
| Date of Birth: ____/____/____ | | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |
| Address | City | State | Zip Code |
| Home Phone | Other Phone | E-Mail Address | |

★ Diabetes Self-Management Training (DSMT) ★

Initial Group DSMT –includes individual assessment and goal setting

Initial Individual DSMT

Check special needs (Learning Barriers) supporting need for individual training:

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Language | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Cognitive | Other _____ |

Annual Follow-Up DSMT (pt. previously attended initial DSMT)

Note: Initial DSMT includes all content areas (10 hrs.) below (per pt. need), unless only specific areas or hours are requested here:

- Disease process
- SMBG/Monitoring
- Physical activity
- Medications
- Nutrition
- Goal setting/Problem solving
- Acute complications
- Chronic complications
- Psychosocial adjustment
- _____ Hours

★ Medical Nutrition Therapy (MNT) ★ –Both DSMT and MNT can be ordered, as both prove to improve outcomes.

Initial MNT

Annual Follow-Up

Additional _____ # hours due to: Δ in medication Δ in medical condition lack of understanding diet

★ Additional Services ★

- inControl Diabetes Support Services (iDSS)
- Blood Glucose Monitoring Training (fax copy of RX)
- Injection Initiation and Training (fax copy of RX)
- Insulin Dose Titration/Adjustment
– Intensive Insulin TX (Insulin to CHO Ratio & Correction)
- Insulin Pump Assessment/Training
- Continuous Glucose Monitoring (CGM) Training

DIAGNOSIS (Required for ALL services)

| Type 1 | Type 2 | PreDM |
|---------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> E10.9 | <input type="checkbox"/> E11.9 | <input type="checkbox"/> R73.01 |
| <input type="checkbox"/> E10.65 | <input type="checkbox"/> E11.65 | <input type="checkbox"/> R73.02 |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Complications/Comorbidities

- HTN
- Dyslipidemia
- CKD
- Neuropathy
- CVD
- Retinopathy
- Other _____

MEDICARE PTs ONLY: Medicare coverage of DSMT and MNT requires documentation of a diagnosis of diabetes based on one of the following: (Check one)

FPG \geq 126 mg/dl (x2 occasions); or 2 hour OGTT \geq 200 mg/dl (x2 occasions); or Random $>$ 200 mg/dl + symptoms

Source: Volume 68, #216, November 7, 2003, page 63261/Federal Register

Physician Name: _____

Address: _____

NPI # (Required): _____

Appointment scheduled: _____ Signature: _____ Date: ____/____/____