

# Great Lakes Diabetes Institute

Excellence in Education and Technology

Phone: (814) 877-2123 • (800) 765-0655 • Fax: (814) 877-5260  
1700 Peach Street, Erie PA 16501

## Physician Order: Diabetes Self Management Training

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Billing address (if different than above): \_\_\_\_\_ SS #: \_\_\_\_\_  
Referring physician: \_\_\_\_\_ PCP: \_\_\_\_\_  
Insurance/Primary: \_\_\_\_\_ ID#: \_\_\_\_\_ Secondary: \_\_\_\_\_ ID#: \_\_\_\_\_  
Authorization #: \_\_\_\_\_

**Note to Physician:** The following information is required for diabetes outpatient education reimbursement and by various regulatory agencies, payers, and/or insurance companies. A meal plan will be offered to all participants.

**Physician's Diagnosis:**

Type 1 uncontrolled 250.03

Type 2 uncontrolled 250.02

Gestational 648.80

Education to include:

- Monitor @ FBS &  1 hr PP  2 hr PP
- Ketone testing
- Insulin administration:  
Pen \_\_\_\_\_ or Vial and Syringe \_\_\_\_\_

Pre-Diabetes 790.29 (may not be reimbursed)  
(IFG 790.21 and IGT 271.3)

Education to include: nutrition and exercise

**Medical Conditions:**

- Newly diagnosed
- New to insulin
- New to oral anti-diabetes agents
- Severe hypoglycemia or hyperglycemia occurring during the past year requiring ED visit or hospitalization

Hospital D/C Date: \_\_\_\_\_

Other: \_\_\_\_\_

Complications: \_\_\_\_\_

Patient unable to benefit from group, class due to impairment of speech, language, sight or hearing.  
Consult with  Nurse  Dietitian

**Plan of Care:**

- Assessment (includes introduction to Behavior Change)
- Core Diabetes Education (based on ADA guidelines)
  - disease process -goal setting/problem solving
  - risk reduction -physical activity
  - monitoring -acute complications
  - medications -nutrition management
  - psychosocial adjustment

**Optional Modules**

(follow-up or if not getting Core education):

- Basic meal planning  Standards of care
- The exchange list  Carbohydrate counting
- Weight management  Hyperlipidemia
- Advanced Evaluation of BG Controls (CGMS)
- Insulin  Pen Type \_\_\_\_\_ Dosage \_\_\_\_\_

**Lab Results (please complete below or fax results):**

Diagnosis made with FBS \_\_\_\_\_ mg/dl and FBS \_\_\_\_\_ mg/dl  
Or random blood sugar of \_\_\_\_\_ mg/dl  
HbA1C \_\_\_\_\_ Date \_\_\_\_\_  
Lipid Profile: Cholesterol \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_  
Triglycerides \_\_\_\_\_ Date \_\_\_\_\_

In case of hypoglycemia, follow GLDI treatment protocol.

**Technology Prescription (Rx):**

(Must be completed for patient to receive equipment.)

BG Monitor w/education & 1 month test strips/lancets  
Monitoring frequency \_\_\_\_\_ times/day

Desired BG: Fasting (90-130 mg/dl) or \_\_\_\_\_  
2 hr pp (<160 mg/dl) or \_\_\_\_\_

Insulin Pump / Training & Education  
Pump Type \_\_\_\_\_ (if known)  
Infusion Set Type \_\_\_\_\_

Start  Upgrade C-Peptide \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

For monitor & instruction, complete the Tech Rx.

Please Fax Form to: (814) 877-5260