DIABETES and NUTRITION EDUCATION SERVICES ORDER FORM

inControl Diabetes Learning and Resource Center • 1888 Kalakaua Ave Suite C312. • Honolulu, HI 96815
phone 808-450-2402 • www.incontrolhawaii.com

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: □ Male □ 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:
□ Hearing □ Vision
□ Language □ Physical
□ 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
□ E10.9	□ E11.9	□ R73.01
□ E10.65	□ E11.65	□ R73.02
□ _____	□ _____	□ _____

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 ≥ 126 mg/dl (x2 occasions); or** □ **2 hour OGTT ≥ 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: ____/____/____