

Patient Information

Name: _____ DOB: ___/___/___ Phone: _____

Address: _____

Insurance: _____ Ht: _____ Wt: _____

Diagnosis ICD-9/10 Codes

- _____ Pre-Diabetes
- _____ DM without complications, type 2
- _____ DM without complications, type 1
- _____ DM without complications, type 2 uncontrolled
- _____ DM without complications, type 1 uncontrolled
- Other, ICD-9/10 code _____

Educational Needs

- Newly diagnosed
- Needs updated education
- No prior education
- Needs improved DM control

Barriers

Does patient require individual sessions?

- Yes No

If yes, please specify below:

- Language
- Hearing Impairment
- Visual Impairment
- Cognitive Deficit
- Physical or emotional limitations
- Other: _____

Date:	Lab Result
HbA1C	
T. Chol	
HDL	
LDL	
Trig	

Diabetes Self-Management Training

Check desired plan for patient education:

Initial Plan of Care (9 hrs total, in small groups)

- Assessment (3 hrs)
Assessment of education needs, diabetes disease process, intro to carbohydrates
- Core Education Class (3 hrs)
Psychosocial issues, medications, monitoring blood glucose, complications, behavior change
- Meal Planning (3 hrs)
Physical activity & nutrition -RD will choose meal plan unless MD specifies.
Calories/day _____

Follow-up Diabetes Training (2 hr)

- Available yearly to Medicare recipients one year after initial training.

Glucometer Instruction (1/2 - 1 hr session)

- Time of day preference? _____
- Frequency of monitoring? _____ times/day

Insulin Instruction (1-2 hr session)

- Insulin type _____
- Dosage _____ Time _____
 Pen Syringe

Meal Planning Group Class (3hr, see above)

Carbohydrate Counting

- To assist patient with assessment of carb intake for anticipated insulin pump use

Provider Information

Referring Provider Printed Name:

Signature: _____

Date: _____ Time: _____

Phone: _____

Primary Care Provider: _____

Diabetes Self-Management Program Phone 336-625-9400



PLEASE ATTACH A COPY OF PATIENT'S INSURANCE CARD

Please fax completed form to **Randolph Hospital's Diabetes Program** at **(336)-625-9500**