



Patient's Last Name	First Name	Middle Initial	DOB	<input type="checkbox"/> Appointment Date/Time
SSN	Home Phone		Work Phone	
Referring Provider's Name:			Provider's Phone #	

**Diagnosis:**  Type 1 diabetes  Type 2 diabetes  Gestational diabetes  Other diagnosis: \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_ **Date of Diagnosis:** \_\_\_\_\_

**Diabetes Self - Management Education/Training (DSME/T)**  
 Group class or individual appointment - to qualify for individual, must have special need - see below.  
 \_\_\_\_\_

**Patients with special needs requiring individual (1 on 1) DSME/T**

*Check all special needs that apply:*

- Vision
- Cognitive Impairment
- Physical
- Hearing
- Language Limitations

**Gestational (DSME/T)** Training for a patient with gestational diabetes.

**Medical Nutrition Therapy (MNT)**  
 Individual training for patients with diabetes OR other nutrition related education with a dietitian.

**Definition of Diabetes (Medicare)**

Medicare coverage of DSMT and MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- a fasting blood sugar greater than or equal to 126 mg/dl on two different occasions;
- a 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions; or
- a random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Source : Volume 68. #216, November 7,2003, page 63261/Federal Register. Other payors may have other coverage requirements.

**\*\*Pertinent Data - please complete for any consult ordered and/or attach most recent progress notes and lab work \*\***

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Cholesterol: \_\_\_\_\_ HDL: \_\_\_\_\_ LDL \_\_\_\_\_ Trig: \_\_\_\_\_ FBG: \_\_\_\_\_ A1C \_\_\_\_\_

GTT: Fasting: \_\_\_\_\_ 1 hour: \_\_\_\_\_ 2 hour: \_\_\_\_\_ 3 hour: \_\_\_\_\_

Oral diabetes meds: \_\_\_\_\_

Insulin: \_\_\_\_\_

Other relevant meds: \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ am pm

Please call Central Scheduling at 615-435-5022 then FAX this order form to: 615-435-5020