



03A PHYSICIAN ORDERS

# St. Vincent

DIABETES CENTER

8220 Naab Rd., Suite 102  
Indianapolis, IN 46260-1933  
Phone: (317) 338-2349

## ORDER FORM FOR DIABETES EDUCATION

Fax completed orders to scheduling fax number

Addressograph

Scheduling phone (317) 338-3224

Scheduling fax (317) 338-6314



**Patient:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Date of Birth:** \_\_\_\_\_



### Diagnosis:

- Type 2, controlled                       Requiring insulin
- Type 2, uncontrolled                       Requiring insulin
- Type 1, controlled
- Type 1, uncontrolled
- Impaired Glucose Tolerance Test (IGT)
- Dysmetabolic Syndrome X/Metabolic Syndrome
- Gestational Diabetes
- Diabetes Complicated by Pregnancy
- Polycystic Ovary Syndrome
- Hypoglycemia
- Other \_\_\_\_\_

### Management Plan of Care

Diabetes Center Staff to assess patient's knowledge in the 10 content areas (9 for males) and provide education as need indicates (per guidelines for an ADA recognized program) Content Areas:

- |                             |  |
|-----------------------------|--|
| 1. Diabetes Disease Process | 6. Acute Complications                   |
| 2. Nutrition                | 7. Chronic Complications                 |
| 3. Physical Activity        | 8. Lifestyle Changes/Goals               |
| 4. Medication               | 9. Psychosocial Adjustments              |
| 5. Blood Glucose Monitoring | 10. Preconception Care/<br>Pregnancy/GDM |

### The Patient is to Attend the Following:

- Comprehensive Diabetes Self-Management Training Group Class. (10 hours - 8 initial / 2 follow-up)
- Annual Follow-up training (2 hours) (Has had previous education)
- Gestational Diabetes Education (2 hours)
- Management of Diabetes During Pregnancy (Type 1 or 2)
- Insulin Instruction (1 hour): Type/Dose \_\_\_\_\_
- Pump Education: Type of Pump \_\_\_\_\_
- 72 hour Continuous Glucose Monitoring System
- Other \_\_\_\_\_
- Needs individual vs group education due to (CIRCLE): **SEVERE** vision limitations, hearing, language, cognitive impairment or other (describe): \_\_\_\_\_

(# of hours of education to be determined by educators)

### Lab Results - complete below or fax most recent lab results.

Medicare requires documentation in medical record that patient has diabetes per the diagnostic criteria.

FBG  $\geq 126$  X 2 OR 2hr post glucose challenge  $\geq 200$  X 2  
OR 1 random BG (RBG)  $> 200$  with symptoms

Chol \_\_\_\_\_ Date \_\_\_\_\_ Trig \_\_\_\_\_ Date \_\_\_\_\_

HDL \_\_\_\_\_ Date \_\_\_\_\_ LDL \_\_\_\_\_ Date \_\_\_\_\_

A1c \_\_\_\_\_ Date \_\_\_\_\_ BP \_\_\_\_\_ Date \_\_\_\_\_

FBG \_\_\_\_\_ RBG \_\_\_\_\_ Date \_\_\_\_\_ FBG \_\_\_\_\_ RBG \_\_\_\_\_ Date \_\_\_\_\_



M.D. Signature \_\_\_\_\_ Date \_\_\_\_\_

M.D. Name (print) \_\_\_\_\_

M.D. Phone \_\_\_\_\_ M.D. Fax \_\_\_\_\_

M.D. Address: \_\_\_\_\_

### For scheduler use only

ORDER FORM FOR DIABETES EDUCATION