

**BAYLOR HEALTH CARE SYSTEM
DIABETES EDUCATION PHYSICIAN ORDER FORM**

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____
 English-speaking Non-English Speaking (language): _____
 Address: _____
 Phone: (Primary) _____ (Secondary) _____

DIAGNOSIS

Type 2, newly diagnosed Type 1, newly diagnosed Gestational diabetes Pre-diabetes
 Type 2, uncontrolled Type 1, uncontrolled Pregestational diabetes Other: _____
 Type 2, controlled Type 1, controlled

MEDICAL NECESSITY

New Onset Diabetes Mellitus Pregnancy Change in Treatment Plan Inadequate Glycemic Control

DIABETES SELF-MANAGEMENT TRAINING (DSMT) and MEDICAL NUTRITION THERAPY (MNT)

Medicare covers 10 hours initial DSMT in 12-month period, plus 2 hours follow-up DSMT annually. Medicare MNT coverage includes 3 hours initial MNT in first calendar year, plus two hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment, and/or diagnosis.

Check education program and number of hours requested:

Initial DSMT - Comprehensive Program or **Follow-up DSMT - 2 hours**
 *approximate hours for education programs listed below or physician can specify _____ hours of DSMT
 Type 2 {8-10 hours}, Type 1 {6-8 hours}, Gestational {4-10 hours}, Pre-gestational {4-10 hours}

Teaching (insulin or other injectable) **Teach or instruct on insulin titration per instructions below:**
 Name of Medication: _____ Insulin Titration Instructions have been faxed with this order
 Dose: _____ Request that insulin titration instruction template be faxed to
 Dosing Schedule: _____ our office

Initial MNT - 3 hours or **Follow-Up MNT – 2 hours (Patients with pre-diabetes receive MNT)**
 Additional MNT services in the same calendar year, per dietitian recommendations _____ # additional hours requested

DSMT Content: All ten content areas, as appropriate, will be covered unless otherwise specified.

Monitoring diabetes Diabetes as disease process Medications Psychological adjustment
 Nutritional management Physical activity Goal setting, problem solving Preconception/pregnancy
 Prevent, detect and treat acute complications Prevent, detect and treat chronic complications

Patient CANNOT effectively participate in group instruction because of the following special needs:

Vision/Hearing Language Limitations Cognitive Impairment Other: _____

FAX completed form, COPY of insurance card, and labs (hemoglobin A1C, lipids, oral glucose tolerance test) to location of your choice:

<input type="checkbox"/> Baylor Ft. Worth (All Saints) 817-922-1794 (phone) 817-922-1951 (fax)	<input type="checkbox"/> Baylor Garland 972-487-5483 (phone) 972-485-3016 (fax)	<input type="checkbox"/> Diabetes Health and Wellness Institute (Dallas) 214-349-4325 (phone) 214-421-6561 (fax)
<input type="checkbox"/> Baylor Plano 469-814-6896 (phone) 469-814-6761 (fax)	<input type="checkbox"/> Baylor McKinney 469-764-1815 (phone) 214-818-9773 (fax)	<input type="checkbox"/> Baylor Dallas (Ruth Collins & Ruth Collins at Mesquite) 214-820-8988 (phone) 214-820-8985 (fax)
		<input type="checkbox"/> Baylor Waxahachie 972-923-8047 (phone) 972-937-2063 (fax)

Physician Name (printed): _____ Phone #: _____ Fax #: _____

Physician Signature: _____ Referral Date: _____ Time: _____
(signature stamps are not acceptable)

If referring physician is not the patient's primary care physician please provide name: _____

BAYLOR HEALTH CARE SYSTEM



BHCS-49245 (06/14)

DIABETES EDUCATION PHYSICIAN ORDER FORM