INTAKE FORM

For Prescribing Health Care Providers (HCP)

Deliant Mana	DOD:	MEDICAL CENTER
	DOB:	Diabetes Care and
Phone # (hm)	(cell)	Outpatient Nutrition Services
Address		(360) 744-6910
	Zip	Please FAX this completed form to
		(360) 744-6919
Weight Height	Insurance	
DIABETES EDUCATION NUTRITIONAL COUNSELIN		
DIAGNOSIS: ☐ Type 2 Diabetes OOC (250.02) ☐ Type 1 Diabetes OOC (250.03) ☐ Diabetes Mellitus w/o Complication (250.00) ☐ Pre-Diabetes (790.29) ☐ Pre-existing Diabetes and Pregnant (648.03) ☐ Please check all DX that apply in Nutrition column at far right ☐ Other diagnosis (incl. DX code)	Hypertriglyceremia (272.1) Mgmt.Education Program—for patients meeting the following criteria: Please check criteria that applies: New onset diabetes, DX w/in last year. Attach copy of 2 FBG tests or 1 oral glucose test Pre-existing diabetes & newly Medicare eligible (within last 12 mo) Attach copy of 1 FBG test. Inadequate glycemic control as evidenced by Alc greater than or equal to 8.5 on 2 consecutive tests 3 or more months apart within last year. Attach copy of the 3 tests. A change in treatment regimen (from diet to oral medications or from oral medications to insulin) Attach chart notes reg. change. Education will primarily be provided in group setting unless HCP marks reason/condition(s) necessitating a 1:1 appointment: Hearing limitations * Vision limitations * Vision limitations * Canguage * Other*: Add'l insulin instruction req'd* * Number of 1:1 education hrs prescribed (not to exceed 10): NOTE: Medicare covers up to 2 hrs/yr of diabetes training for patients that have completed program or do not meet above criteria RX order for up to 2 hours/year Insulin Instruction Insulin I	☐ Hypercholesterolemia (272.0) ☐ Hypertriglyceremia (272.1) ☐ Hyperlipidemia (272.4) ☐ Metabolic Syndrome (277.7) ☐ Obesity (278.00) ☐ Morbid Obesity (278.01) ☐ Hypertension (401.9) ☐ Celiac Disease (579.0)
RX ORDER: Diabetes Self-Management Program (Initial 1 hour individual appoint., 7 hour diabetes self-mgmt class and 2 individual post class appointments with diabetes educator) One-on One Appointment with Diabetes Educator Diabetes self-mgmt education Prescribe diet Blood glucose control Consent granted to adjust insulin dosage Glucometer Training Insulin Start Byetta Start Insulin Pump Training RT-CGMS Training Indicate Range for Blood Sugar Goals: FBS: to 2 hr PP to Bedtime to Bedtime to		1:1 appointment w/diabetes educator/ dietitian plus follow-up(s). Patient will receive and learn to use a glucometer. Pre-pregnancy Wt: Height: Weight gain goal: Gestational age: 1 Hr Screen FBS 1 hr OGTT 2 hr OGTT 3 hr OGTT Ketones
PLEASE attach most recent chart notes, lab results and medication list.		

Clinic Address: _____ HCP Printed Name : ____

_____ Fax: ____

Phone:

HCP Signature:

Date: _