

Diabetes Management Program at WakeMed

Raleigh Campus, 3000 New Bern Avenue, Raleigh, NC 27610

Cary Hospital, 1900 Kildaire Farm Road, Cary, NC 27518

North Family Health & Women's Hospital, 10,000 Falls of Neuse Road, Raleigh, NC 27614

Phone: 919-350-7292 Fax: 919-350-7400



PHYSICIAN ORDER FOR DIABETES SELF-MANAGEMENT TRAINING

I am referring: _____
for medically necessary outpatient self-management training.

Medical Record Number _____

Insurance/Health Plan _____

Insur. ID # _____ Authorization # _____

Date of Birth _____ S.S. # _____

Today's Date _____

Daytime Phone # _____

Evening Phone # _____

Home Address _____

Height _____ Weight _____

Preferred Language _____

DIAGNOSIS:

Please enter ICD-10 code _____

MEDICAL STATUS AND / OR COMPLICATIONS:

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Newly diagnosed | <input type="checkbox"/> Severe hypo/hyperglycemia | <input type="checkbox"/> Vascular Disease | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> New to Insulin | <input type="checkbox"/> Nephropathy | <input type="checkbox"/> Foot problem | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> New to oral anti-diabetes agents | <input type="checkbox"/> Retinopathy | <input type="checkbox"/> Gastroparesis | _____ |

PLAN OF CARE: (Please check desired components)

Comprehensive Programs:

- | | | | |
|---|-----------------------|-------------------------|-----------|
| <input type="checkbox"/> Diabetes Self-Management - group class includes the following topics: | | | |
| Assessment and introduction to behavior change | Chronic complications | Follow-up group classes | A1C |
| Diabetes overview and treatment | Acute complications | Basics of nutrition | Foot care |
| Evaluating diabetes management | Physical activity | | |
| <input type="checkbox"/> Pre-diabetes (impaired glucose tolerance) - group class includes: | | | |
| Assessment and introduction to behavior change | Weight management | Physical activity | |
| Basic meal planning | Hyperlipidemia | Pre-diabetes management | |

Additional Education Offered

- Individual RN/CDE Consult: _____
- Individual RD for Medical Nutrition Therapy Consult: _____
- Patient unable to benefit from group classes due to impairment of speech, language, hearing or sight; cognitive, physical or emotional limitations. Please provide individualized education sessions.
(Please circle appropriate descriptor.)

RECENT RESULTS:

A1C _____	Blood Pressure _____	Cholesterol _____	LDL _____	HDL _____
Date _____	Date _____	Triglycerides _____	Date _____	

In case of hypoglycemia, follow outpatient hypoglycemia protocol.

Print Physician Name _____

Physician Fax Number _____

Physician Signature _____

Phone _____

Please fax completed form to 919-350-7400 or mail to WakeMed Diabetes Management Program

Patient Label
placed here

WakeMed
Physician Order for Diabetes
Self-Management Training

