

Diabetes Management Program at WakeMed
 WakeMed-Raleigh Campus WakeMed-Cary Hospital
 3000 New Bern Ave, Raleigh 1900 Kildaire Farm Road, Cary
 Phone 350-7292

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 _____ Language _____
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DIAGNOSIS <input type="checkbox"/> 250.03 Diabetes type 1 uncontrolled <input type="checkbox"/> 250.01 Diabetes type 1 controlled	<input type="checkbox"/> 250.00 Diabetes type 2 controlled <input type="checkbox"/> 250.02 Diabetes type 2 uncontrolled	<input type="checkbox"/> 277.7 Dysmetabolic syndrome <input type="checkbox"/> 790.20 Pre-diabetes (Abnormal GT) <input type="checkbox"/> 790.60 Hyperglycemia
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MEDICAL STATUS AND / OR COMPLICATIONS <input type="checkbox"/> Newly diagnosed <input type="checkbox"/> New to Insulin <input type="checkbox"/> New to oral anti-diabetes agents	<input type="checkbox"/> Severe hypo/hyperglycemia <input type="checkbox"/> Nephropathy <input type="checkbox"/> Retinopathy	<input type="checkbox"/> Vascular Disease <input type="checkbox"/> Foot problem <input type="checkbox"/> Gastroparesis <input type="checkbox"/> Obesity <input type="checkbox"/> Other: _____
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PLAN OF CARE: Please check desired components	<p align="center">Comprehensive Programs:</p> <input type="checkbox"/> Diabetes Self-Management (10 hours) – group class includes: <ul style="list-style-type: none"> <li style="width: 33%;">• Assessment and introduction to behavior change <li style="width: 33%;">• Chronic complications <li style="width: 33%;">• A1C (Baseline, 3 mos., 12 mos.) <li style="width: 33%;">• Diabetes overview and treatment <li style="width: 33%;">• Acute complications <li style="width: 33%;">• Follow-up within 3 months <li style="width: 33%;">• Basics of nutrition <li style="width: 33%;">• Physical activity <li style="width: 33%;">• Follow-up at 12 months <li style="width: 33%;">• Evaluating diabetes control <li style="width: 33%;">• Foot care <input type="checkbox"/> Pre-diabetes (impaired glucose tolerance (4 hours) – group class includes: <ul style="list-style-type: none"> <li style="width: 33%;">• Assessment and introduction to behavior change <li style="width: 33%;">• Weight management <li style="width: 33%;">• Physical activity <li style="width: 33%;">• Basic meal planning <li style="width: 33%;">• Hyperlipidemia <p align="center">Additional Modules Offered</p> <input type="checkbox"/> Individual RN Consult: _____ <input type="checkbox"/> Individual RD Consult _____ <input type="checkbox"/> 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.)
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RECENT RESULTS:	A1C _____ Date _____	Blood Pressure _____ Date _____	Cholesterol _____ Triglycerides _____	LDL _____ Date _____	HDL _____ Date _____
<input checked="" type="checkbox"/> 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