

DIABETES SELF-MANAGEMENT TRAINING, MEDICAL NUTRITION THERAPY ORDER FORM

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates that Medical Nutrition Therapy combined with Diabetes Self-Management Education improves patient outcomes.

Patient Information: (patients or family may fill in top portion)

Name		Birthdate	
Address			
City	State	Zip	
Home Phone	Work Phone	Cell Phone	
Home Email			

ICD-10 Diagnosis Code: _____

Most Recent HbA1c result and date: _____

Recent Hospitalization: Yes No Special accommodations required: No Yes: _____

Services to be performed: *Checking the first box is recommended.* Medicare hours are noted, per guidelines.

- Initial Diabetes Self-Management Education (DSME/T) and Medical Nutrition Therapy (MNT) up to 13 hrs**
- Continuous Glucose Monitoring Study (1 week duration, for patients uncontrolled on insulin)
- Initial Diabetes Self-Management Education (DSME/T) up to 10 hrs

For Medicare: 10 DSMT Topics taught as 1 hour individual + 9 hours of group UNLESS Special Need is checked below:

Special Need: Vision Hearing Cognitive Language Additional Insulin Training

Other: _____

OR request only these DSMT Topics: Monitoring Diabetes Pathophysiology Psychosocial Adjustment Physical Activity
 Nutritional Management Medications Goal Setting and Problem Solving
 Prevent, detect and treat acute complications Prevent, detect and treat chronic complications

- Initial Medical Nutrition Therapy (MNT) 3 hrs
- Additional Medical Nutrition Therapy (MNT): Number of Extra Hours: _____
Specify change in medical condition treatment or diagnosis: _____
- Follow-up (Subsequent Year) Diabetes Self-Management Education (DSME/T) up to 2 hrs/calendar year
- Follow-up (Subsequent Year) Medical Nutrition Therapy (MNT) up to 2 hrs/calendar year

Provider Signature: _____ **Date:** _____

Provider Name (Printed): _____ **Phone:** _____ **Fax:** _____

TO SCHEDULE APPOINTMENT:

Step 1: **FAX this completed form** to Centralized Scheduling: **410-840-4016**

Step 2: **FAX** recent Laboratory Test Results to **410-871-7370**