

Patient information

Patient's Last name _____ First name _____ Middle name _____

Date of birth / /

Gender: Male Female

Address _____

Preferred phone _____

E-mail _____

Diagnosis: **Type I** **Type II** **Gestational****Reason for referral**

- Newly diagnosed Recurrent elevated blood glucose levels Change in diabetes medication regimen
 Recurrent hypoglycemia High risk due to diabetes complication

Complications / Comorbidity

Check all that apply:

- | | | | |
|---|--------------------------------------|---|--|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Non-healing wounds |
| <input type="checkbox"/> Dyslipidemia | <input type="checkbox"/> Retinopathy | <input type="checkbox"/> PVD | <input type="checkbox"/> Mental / affective disorder |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> CHD | <input type="checkbox"/> Obesity | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Cardiovascular disease | |

Special considerations

- Non-English speaking Impaired mental status (cognition)
 Hearing impaired Visually impaired Literacy

Diabetes education referral

Diabetes Self-Management Education and Training (DSMT) and Medical Nutrition Therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year.

Type II comprehensive diabetes education – One hour of individual DSMT education and assessment, six hours of group session (two-three hour classes) and one hour of follow-up DSMT and evaluation.

MNT related to Type I # of hours _____

MNT related to gestational # of hours _____

MNT related to Type II # of hours _____

Annual follow-up DSMT # of hours _____

Annual follow-up MNT # of hours _____

For questions regarding individual patient needs, please call Shannon Krueger, BSN, GPHealth diabetic educator, at 308.568.7524.

Physician signature: _____ Date / /

Medicare coverage: Medicare may cover up to 10 hours of initial DSMT (check box one). This training may include one hour of individual training and nine hours of group training. Patients may also qualify for up to two hours of follow-up training each year if it takes place in a calendar year after the year of their initial training.