



Diabetes Education and Wellness
 1910 Route 35, Oakhurst NJ 07755
 Phone: 732-676-8381 Fax: 732-876-3059

**Diabetes Education/Training Services
 Order Form**

Patient's name: _____ **Today's Date:** _____
Phone #: _____ **SS#:** _____
Health Insurance _____
DOB: _____ **Authorization #** _____

Diabetes Diagnosis:

<input type="checkbox"/> Type1, controlled	<input type="checkbox"/> Type 2, controlled	<input type="checkbox"/> Gestational
<input type="checkbox"/> Type1, uncontrolled	<input type="checkbox"/> Type 2, uncontrolled	<input type="checkbox"/> Pre-Existing DM with Pregnancy
<input type="checkbox"/> Pre-diabetes <input type="checkbox"/> Dysmetabolic Syndrome	<input type="checkbox"/> Polycystic Ovarian Syndromes	<input type="checkbox"/> Other _____

Indicate reason for referral to Diabetes Self-Management Education/Training (DSME/T)

- Newly Diagnosed
- New to Insulin
- New to oral anti-diabetes agents
- Recurrent elevated blood glucose levels Recurrent Hypoglycemia
- Change in DM treatment regimen
- High risk due to Diabetes Complications/Co-morbid conditions:
 - Retinopathy Neuropathy Nephropathy Gastroparesis Hyperlipidemia Hypertension
 - Cardiovascular disease Non healing wound Other _____

Recent Labs:

Date:						
	BP	A1C	Cholesterol	Triglycerides	LDL	HDL
Result:						

Education Needed:

- Comprehensive DSME/T (group) 10 hours or _____no. of hours
- Comprehensive DSME/T (individual sessions) 10 hours or _____no. of hours
- Follow up DSME/T: 2 hours or _____no. of hours
- Insulin Instruction
- Basic Nutrition Management
- Medical Nutrition Therapy (MNT)
- Self blood glucose monitoring
- Management of Diabetes during Pregnancy/Gestational Diabetes Education
- Insulin Pump Instruction

Indicate any existing barriers requiring customized education:

- Impaired mobility Impaired vision Impaired hearing Impaired mental status/cognition
- Impaired dexterity Language barrier Eating disorder
- Learning disability (please specify): _____
- Other (Please specify): _____

Provider's signature: (Required) _____ **Phone #** _____
Name (Printed): _____