



Diabetes Services Order Form

Patient's Name _____
Phone # _____ DOB _____
Insurance _____
Provider's Name _____
Phone # _____ Fax # _____
Date _____
☐ Insurance authorization number (if required) _____

DIABETES SELF-MANAGEMENT TRAINING (DSMT)

Sessions [G0109/98962]

- ☐ Complete DSMT Program (10 hrs)
Session 1 – Individual Assessment (1 hr)
Session 2 – Monitoring Blood Glucose & Meal Planning (3.5 hrs)
Session 3 – Exercise/Medications/Travel/Sick Days/M Meal Review (3.5 hrs)
Session 4 – Complications of Diabetes and Support Resources (2hrs)

☐ Individual training required due to: _____

CURRENT DIABETES MEDICATIONS / ADMINISTRATION

Specify type, dose and frequency

☐ Oral: _____

☐ Insulin: _____

☐ Patient now uses: ☐ Pen ☐ Vial & Syringe ☐ Pump

LAB RESULTS – please attach to signed order (required)

- ☐ Hemoglobin A1c: _____
- ☐ Fasting blood glucose results (≥ 126) on two separate occasions
-OR-
- ☐ Two-hour post glucose challenge (≥ 200) on two separate occasions
-OR-
- ☐ Random glucose test > 200 with symptoms of diabetes

DIAGNOSIS, COMPLICATIONS, COMORBIDITIES & BARRIERS

Check all that apply:

- ☐ Newly Diagnosed Type 2 ☐ Uncontrolled Type 2
- ☐ Hypertension ☐ Dyslipidemia ☐ Stroke
- ☐ Neuropathy ☐ Nephropathy ☐ PVD
- ☐ Renal Disease ☐ Retinopathy ☐ CHD
- ☐ Obesity ☐ Pregnancy ☐ Non-healing wound
- ☐ Low Literacy ☐ Language Barrier ☐ Visual/hearing impairment
- ☐ Social Status ☐ Impaired Dexterity ☐ Learning Disability
- ☐ Mental/affective disorder
- ☐ Other _____

Please specify any change in medical condition, treatment, and/or diagnosis. Attach appropriate documentation.

- ☐ Patient needed ER visits or hospitalization
- ☐ Lack of feeling in foot or other foot complication such as foot ulcers, deformities, or amputations.
- ☐ Pre-proliferative / proliferative retinopathy or prior laser treatment of eye.
- ☐ Kidney complications related to diabetes manifested by albumin without other causes or elevated creatinine.
- ☐ Other _____

Provider Signature

Printed Name

UPIN

Date

Practice Name

Address

Phone

Fax

- PARTICIPATING DIABETES OUTPATIENT TRAINING SITES -

Bayside Community Hospital
200 Hospital Dr., Anahuac, Tx 77514
Ph- 409-267-3143 Fax- 409-267-3608

Columbus Community Hospital
110 Shult Dr., Columbus, TX 78934
Ph- 979-732-2371 Fax- 979-732-6289

Lavaca Medical Center
1400 N. Texana, Hallettsville, TX 77964
Ph- 361-798-3671 Fax- 361-798-5829

Brazosport Regional Health System
100 Medical Dr., Lake Jackson, TX 77566
Ph- 979-285-1188 Fax- 979-299-2824

El Campo Memorial Hospital
303 Sandy Corner Rd., El Campo, TX 77437
Ph- 979-543-6251 Fax- 979-578-5265

Matagorda Regional Medical Center
104 7th Str., Bay City, TX 77414
Ph- 979-245-6383 Fax- 979-241-3667