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Diabetes Services Order Form (DSMT and MNT services)

Patient's Last Name First Name Middle Gender: Medicare HICN #
 male
 female DOB:

Address

Home Number Work Number Other Contact #s:

Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes.

Diagnosis:

(Please send recent labs for outcomes evaluation)

- Type 1 controlled Type 1 uncontrolled
 Type 2 controlled Type 2 uncontrolled
 Gestational diabetes
 Other: _____

Complications/Comorbidities: *(Check all that apply)*

- Hypertension Dyslipidemia Stroke
 Neuropathy Nephropathy PVD
 Renal Disease Retinopathy CHD
 Non Healing wound Pregnancy
 Mental/Affective Disorder Obesity
Other: _____

Patient Behavioral Goals:

Desired Clinical Outcomes:

A1C _____ B/P _____ LDL _____

Diabetes Medications:

(Specify type, dose, frequency):

Oral: _____ Insulin: _____

Diabetes Self Management Training (DSMT):

(Check type of education services being ordered)

- Initial training

Patient has special need(s) to receive individual instruction (check all special need that apply)

- Vision Hearing
 Physical Cognitive Impairment
 Language Limitations
 Other: _____

- Follow-up training

Medical Nutrition Therapy (MNT):

(Check services being ordered)

Provided by a registered dietitian

- Initial MNT
 Annual follow-up MNT
 Additional MNT services in the same calendar year, per RD recommendations

Please specify change in diagnosis, medical, condition, or treatment regimen:

Signature and UPIN#:

Date

Group/Practice Name, Address, and Phone Number: