Duke Raleigh Hospital
DUKE UNIVERSITY HEALTH SYSTEM

Diabetes Center

3301 Executive Drive
Raleigh, NC 27609
Phone: (919) 954-3174/Fax: (919) 954-3177

Physician Order For Diabetes Outpatient Training Services

1. I am referring: _____ for medically necessary outpatient self-management training.

DOB: _____ Phone numbers: Home - _____ Cell - _____

Physician name:_____ Physician's Phone Number: _____

2. Insurance Information:

__ HealthSource
Authorization # _____
__ Cigna
Authorization # _____
__ Prudential
Authorization # _____

__ Aetna
Authorization # _____
__ Doctors Health Plan
Authorization # _____
__ BCBS
__ Other _____

__ Medicare
__ Wellpath
__State Health Plan

Note to Physicians: The following information is required for outpatient diabetes training reimbursement by various regulatory agencies, payors and insurance companies: **Written Diagnosis, Medical Conditions, Complications and Plan of Care**.

3. Diagnosis:_____
_____
_____
___ Type 1
___ Gestational
___Type 2 Non-Insulin Treated
___Type 2 Insulin Treated
___Diabetes Mellitus Difficult to Classify

Medical Conditions
__ Newly Diagnosed
__ New to insulin
__ New to oral agents
__ Severe hypoglycemia or hyperglycemia this past year requiring hospitalization or ER visit

Complications
__ Vascular Disease
__ Neuropathy
__ Frequent hypoglycemia
__ Nephropathy
__ Retinopathy
__ HbA1c≥8.5, 2 consecutive times, 3 or more mos. apart

Most recent HbA1c result:_____ **Date**_____ **(Please attach pertinent lab results.)** **Weight: _____ lbs.**

Blood Pressure: _____ **Date**_____ **Cholesterol:** _____ **LDL**_____ **HDL**_____ **Date:** _____

4. Plan of Care *****PLEASE SELECT THE PROGRAM YOUR PATIENT SHOULD ATTEND*****

❑ **DIABETES SELF MANAGEMENT PROGRAM** - This program includes diabetes overview; diabetes management skills, including acute and long term complications, individual meal plans, exercise, sick day rules, blood glucose monitoring, and medications. Follow up sessions are at 3 and 12 months.

❑ **DIET/NUTRITION MANAGEMENT ONLY**

❑ **CARB COUNTING – INSULIN TO CARB RATIO**

_____Introduction
_____Dosage
_____Review
_____Insulin:Carbohydrate Ratio

❑ **INSULIN PUMP TRAINING**

_____New to Pump (Needs pump class/Saline Start)
_____Review Pump use
_____Pump Upgrade
_____Advanced Pump Skills
_____Medtronic Real Time Sensor

Goal BG: Low _____
High_____

❑ **GESTATIONAL DIABETES**
__ Diet Only ___ Diet and Glucose Monitoring

❑ **INJECTABLE MEDICATION ADMINISTRATION**

___**Insulin**: _____Type _____
Insulin-to-carb ratio: ❑ Yes Ratio: _____ ❑ No

___**Byetta**: _____Dosage

___**Symlin**: _____Dosage
Insulin-to-carb ratio: ❑ Yes Ratio: _____ ❑ No

Diabetes Medications dose adjustment: _____
_____

❑ **CONTINUOUS GLUCOSE MONITORING (CGMS)**
____**DexCom G4**
____**Freestyle Navigator** Goal BG: Low _____
____**Medtronic Guardian RT/Enlite** High_____

❑ **OTHER** _____

INDIVIDUAL CONSULTS are available for patients unable to attend group classes due to special needs or barriers.

❑ Special Needs/Barriers to Learning:_____

Additional Information:_____

Physician Signature: _____ **Date**: _____