Diabetes Management Program at WakeMed
WakeMed Raleigh Campus, 3000 New Bern Ave, Raleigh, NC
WakeMed Cary Hospital, 1900 Kildaire Farm Road, Cary, NC
Phone: 919-350-7292 Fax: 919-350-7400

WakeMed

PHYSICIAN ORDER FOR DIABETES SELF-MANAGEMENT TRAINING

I am referring: _____

for medically necessary outpatient self-management training.

Medical Record Number _____

Insurance/Health Plan _____

Insur. ID # _____ Authorization # _____

Date of Birth _____ S.S. # _____

Today's Date _____

Daytime Phone # _____

Evening Phone # _____

Home Address _____

_____

Height _____ Weight _____

Preferred Language _____

DIAGNOSIS ICD-9 CODE:

- ☐ 250.03 Diabetes type 1 uncontrolled
- ☐ 250.01 Diabetes type 1 controlled
- ☐ 790.60 Hyperglycemia
- ☐ 250.00 Diabetes type 2 controlled
- ☐ 250.02 Diabetes type 2 uncontrolled
- ☐ Other _____
- ☐ 277.7 Dysmetabolic syndrome
- ☐ 790.20 Pre-diabetes (Abnormal GT)

MEDICAL STATUS AND / OR COMPLICATIONS:

- ☐ Newly diagnosed
- ☐ New to Insulin
- ☐ New to oral anti-diabetes agents
- ☐ Severe hypo/hyperglycemia
- ☐ Nephropathy
- ☐ Retinopathy
- ☐ Vascular Disease
- ☐ Foot problem
- ☐ Gastroparesis
- ☐ Obesity
- ☐ Other: _____

PLAN OF CARE: *(Please check desired components)*

Comprehensive Programs:

☐ **Diabetes Self-Management** - group class includes the following topics:

Assessment and introduction to behavior change
Diabetes overview and treatment
Evaluating diabetes management
Chronic complications
Acute complications
Physical activity
Follow-up group classes
Basics of nutrition
AIC
Foot care

☐ **Pre-diabetes (impaired glucose tolerance)** - group class includes:

Assessment and introduction to behavior change
Basic meal planning
Weight management
Hyperlipidemia
Physical activity
Pre-diabetes management

Additional Modules Offered

- ☐ Individual RN Consult: _____
- ☐ Individual RD for Medical Nutrition Therapy Consult: _____
- ☐ Patient unable to benefit from group classes due to impairment of speech, language, hearing or sight; cognitive, physical or emotional limitations. Please provide individualized education sessions. *(Please circle appropriate descriptor.)*

RECENT RESULTS:	A1C _____ Date _____	Blood Pressure _____ Date _____	Cholesterol _____ LDL _____ HDL _____ Triglycerides _____ Date_____

☑ In case of hypoglycemia, follow outpatient hypoglycemia protocol.

Print Physician Name _____ **Physician Fax Number** _____

Physician Signature _____ **Phone** _____

Please fax completed form to 919-350-7400 or mail to WakeMed Diabetes Management Program

Patient Label placed here

WakeMed
Physician Order for Diabetes Self-Management Training