# Northwestern Medicine®

Lake Forest Hospital

# Outpatient Diabetes Self-Management Education/Training (DSME/T) Order
# Outpatient Medical Nutrition Therapy (MNT) Order

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nm.org

## PATIENT INFORMATION

Last Name                          First Name

Date of Birth

Home Phone Number                  Work/Cell Phone Number

Test Frequency                     Expiration Date

## PHYSICIAN INFORMATION

Referring Practitioner Last Name   First Name

NPI #                              Practitioner's Fax Number

Practitioner's Signature           Date

## RECENT LABS/RESULTS (if available)

DATE _____ A1c _____ Cholesterol _____ HDL _____

LDL _____ Triglycerides _____

DATE _____ Fasting Glucose _____ Glucose 1 hr _____

Glucose 2 hr _____ Glucose 3 hr _____

Other Labs: _____

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**DIAGNOSIS:** *(Please send recent labs for outcome evaluation)*

ICD Code(s) _____     New diagnosis: ❏ yes ❏ no
  ❏ Gestational Diabetes        ❏ Type 2
  ❏ Prediabetes                 ❏ Weight Management
  ❏ Type 1                      ❏ Hyperlipidemia
Other: _____

**COMPLICATIONS/COMORBIDITIES:**

_____

**PATIENT HAS SPECIAL LEARNING NEEDS, CHECK ALL THAT APPLY:**

❏ Vision      ❏ Hearing      ❏ Language Limitations
❏ Physical    ❏ Cognitive Impairment    ❏ Needle Phobia
Other: _____

(Individual training will be offered if no group scheduled within 1 month of order or patient unable to attend a group class)

**Current Diabetes Medications:** *dose, frequency*
Oral:                    Insulin:

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**INITIAL EDUCATION/TRAINING ORDERS:** *Mark all that apply*
  ❏ Initial Training MNT & DSME/T (diabetes self-management/training) (MNT for non-diabetic patients)
     ❏ Medical Nutrition Therapy (by RD)
     ❏ Nurse Educator/CDE
  ❏ Blood Glucose Monitoring *(specify frequency)* _____
  ❏ Insulin Injection Teaching *(type, dose, frequency)* _____

  _____
  ❏ Insulin Pump Training

**MEDICARE PATIENTS:** *New diabetes diagnosis 4 or more visits recommended*
  ❏ DSME/T allows total of 10 hours first year/2 hours subsequent years (RD and RN/CDE combined)
  ❏ MNT allows 3 hours for first year/2 hours subsequent years

**DSME/T and MNT can be ordered in same year.**
**Number of hours if different from above:** _____

**FOLLOW-UP EDUCATION/TRAINING**
  ❏ DSME/T
  ❏ MNT
  ❏ Additional MNT in same year due to change in medical condition, treatment or diagnosis
  **List number of hours** _____