

**DIABETES EDUCATION PROGRAM**  
951 N. WASHINGTON AVE., TITUSVILLE, FL 32796  
Tel. (321) 268-6699/ Fax (321) 268-6748  
*American Diabetes Association "Recognized Program"*



*Parrish Medical Center has earned the Joint Commission's Gold Seal® disease-specific certification for its Diabetes Education Program.*

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Insurance #1: \_\_\_\_\_ #2 \_\_\_\_\_  
Is Authorization Needed?  YES  NO Home Tel: \_\_\_\_\_  
If Needed: Auth # \_\_\_\_\_ Work Tel: \_\_\_\_\_  
# of Visits: \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Medicare: 10 hours initial DSMT in 12-month period, plus 2 hours follow-up DSMT annually**  
**DIAGNOSIS** **DSMT CONTENT**

Please send recent labs for patient eligibility & outcomes monitoring

- Type 1 uncontrolled  Type 1 controlled
- Type 2 uncontrolled  Type 2 controlled
- Gestational  New Onset
- Pre-diabetes  Other

**Complications/Comorbidities**

\*Check all that apply:

- 250.0 \_\_\_\_\_ diabetes w/o complications
- 250.1 \_\_\_\_\_ diabetes w/ketoacidosis
- 250.2 \_\_\_\_\_ diabetes w/hyperosmolarity
- 250.3 \_\_\_\_\_ diabetes w/other coma
- 250.4 \_\_\_\_\_ diabetes w/renal manifestations
- 250.5 \_\_\_\_\_ diabetes w/ophthalmic manifestations
- 250.6 \_\_\_\_\_ diabetes w/neurological manifestations
- 250.7 \_\_\_\_\_ diabetes w/peripheral circulatory disorders
- 250.8 \_\_\_\_\_ diabetes w/other specified manifestations
- 250.9 \_\_\_\_\_ diabetes w/unspecified complications
- 646.6 \_\_\_\_\_ Gestational diabetes
- 585 \_\_\_\_\_ Chronic Renal Failure (non-dialysis)
- V42.0 \_\_\_\_\_ Status post renal transplant

**MEDICAL NUTRITION THERAPY (MNT)**

**Medicare: 3 hours initial MNT in the first calendar year, plus two hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment and/or diagnosis**

\*Check the type of MNT and/or number of additional hours requested:

- Initial MNT  Annual follow-up MNT
- Additional MNT services in the same calendar year, per RD recommendations \_\_\_ no. additional hrs. requested

**PATIENT INSTRUCTIONS:**

1. Please call 321-268-6699 to schedule your appointment.
2. It is your responsibility to verify insurance coverage for "Diabetes Self Management Training" Please contact the business office @ 321-268-6158 if you need financial assistance.
3. You must **BRING THIS FORM WITH YOU** to your first appointment.
4. Bring Medication List, Blood Glucose Log, and Blood Glucose Meter to **ALL** visits.

- All ten content areas, as appropriate
- Monitoring Diabetes  Diabetes as disease process
- Psychological adjustment  Physical activity
- Nutritional management  Medications
- Goal setting, problem solving
- Prevent, detect and treat acute complications
- Prevent, detect and treat chronic complications
- Preconception/pregnancy management or gestational diabetes management

**Patients with special needs requiring individual DSMT**

\* Check all special needs that apply:

- Vision  Hearing  Physical
- Language limitation  Cognitive Impairment
- Other \_\_\_\_\_

**RECENT LAB RESULTS: (REQUIRED)**

Blood Glucose \_\_\_\_\_ A1C \_\_\_\_\_  
Cholesterol \_\_\_\_\_ Triglycerides \_\_\_\_\_  
HDL \_\_\_\_\_ LDL \_\_\_\_\_  
OGTT: FBS \_\_\_\_\_ 1 hr \_\_\_\_\_  
2 hr \_\_\_\_\_ 3 hr \_\_\_\_\_

**SPECIAL INSTRUCTIONS/PHYSICIAN ORDERS:**

\* A copy of recent labs that reflect Diagnosis of Diabetes or poor control is required.

**DIAGNOSIS:**

1. FBS >126 mg/dl x 2 tests
2. Random >200 mg/dl with symptoms

\*PMC Lab may perform A1C Level if none available within the last 60 days.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: Physician MUST sign this referral, send recent labs, and check off diagnosis/complications.**

Physician's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Physician's Name (Printed): \_\_\_\_\_  
NPI: \_\_\_\_\_