POTOMAC VALLEY HOSPITAL DIABETES SELF-MANAGEMENT EDUCATION/TRAINING REFERRAL/ORDER FORM

100 Pin Oak Lane / Keyser, WV
Phone / 304-597-3774
Fax / 304-597-3683

PATIENT INFORMATION

Patient Name_______________________________________ Date of Birth _______________________________________

Address _______________________________________ Phone _______________________________________

DIAGNOSIS

☐ Type 1 ☐ Type 2 ☐ Gestational Diagnosis code__________________

Status of Diabetes: ☐ Newly Diagnosed **or** Number of year's duration _____________

SERVICES TO BE PERFORMED

☐ Initial Diabetes Self-Management Education/Training (DSME/T)

10 DSME/T topics taught as 1 hour individual + 9 hours **group** UNLESS **Special Need** checked below, then all **individual:**

Patients with Special Needs requiring individual (1 on 1) DSME/T. Check all special needs that apply:

☐ Vision ☐ Non-Ambulatory ☐ Hearing ☐ Cognitive ☐ Language ☐ Additional Insulin Training

OR request only these DSMT topics:

☐ Self-Monitoring of Blood Glucose ☐ Nutrition ☐ Exercise/Physical Activity ☐ Medication

☐ Goal Setting & Problem-Solving ☐ Diabetes as a disease process ☐ Coping / Stress Control

☐ Prevent, detect and treat acute complications ☐ Prevent, detect and treat chronic complications

☐ Preconception/Pregnancy Management or Gestational Diabetes Less than 10 hours requested:_______

☐ **Follow-up/Review (Subsequent Year) DSME/T**

RELEVANT DATA: Please attach most recent labs/H&P/Medication list/Insurance Information

* A1c_________ (7% or more is considered uncontrolled) Date: ________ (Pre-program level required)

RECOMMENDATIONS: Please circle or write below

Exercise / Dietary / Other Recommendations or Restrictions

____

____ I hereby certify that I am managing this beneficiary's Diabetes condition and that the above prescribed training is a necessary part of management (Medicare Patients).

______________________	______________________	__________	______________
PRINT PROVIDER NAME	PROVIDER SIGNATURE	DATE	PHONE

This is an ADA Recognized Program.