

**BAYLOR SCOTT & WHITE HEALTH
DIABETES EDUCATION PHYSICIAN ORDER**

FAX completed form, COPY of insurance card, and labs (hemoglobin A1C, lipids, oral glucose tolerance test) to location of your choice:

**Austin Round Rock Region
(includes Cedar Park, Georgetown, Pflugerville, Round Rock, and Taylor)**

512-509-0200 phone
512-509-3490 fax

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

English-speaking Non-English Speaking language: (specify) _____

Address: _____

Phone: (Primary) _____ (Secondary) _____

DIAGNOSIS

Type 2, uncontrolled Type 1, uncontrolled Other: _____
 Type 2, controlled Type 1, controlled Diabetes due to: _____
 Pre-diabetes Gestational diabetes Complications: _____

****If patient is pregnant please check Pregnancy box in Medical Necessity below****

MEDICAL NECESSITY New Onset Pregnancy Change in Treatment Poor Glycemic Control

DIABETES SELF-MANAGEMENT TRAINING (DSMT) and MEDICAL NUTRITION THERAPY (MNT) SERVICES

Education Service (select all that apply)	Hours (to request a different # of hrs please indicate)
<input checked="" type="checkbox"/> Initial DSMT	Type 2 (8-10 hrs)/Type 1 (6-8 hrs)/Pregnancy (4-10 hrs)
<input type="checkbox"/> Follow-up DSMT	2 hours
<input type="checkbox"/> Injectable Medication Teaching	2-4 hours
<input type="checkbox"/> Teach or instruct on insulin titration per instructions below: <input type="checkbox"/> Insulin Titration Instructions have been faxed with this order <input type="checkbox"/> Request that insulin titration instruction template be faxed to our office	
<input checked="" type="checkbox"/> Initial MNT	3 hours
<input type="checkbox"/> Follow-up MNT	2 hours

Name _____ of _____ Medication: _____
 Dose: _____
 Dosing Schedule: _____

DSMT Content: All ten content areas, as appropriate, will be covered unless otherwise specified.

- Monitoring diabetes • Diabetes as disease process • Medications • Psychological adjustment
- Nutritional management • Physical activity • Goal setting, problem solving • Preconception/pregnancy
- Prevent, detect and treat acute complications • Prevent, detect and treat chronic complications

Medicare covers: DSMT 10 hours in a 12 month period, then 2 hours follow-up DSMT annually. Medicare MNT coverage includes 3 hours initial MNT in first calendar year, then two hours follow-up MNT annually. Additional MNT hours available for change in medical condition, treatment, and/or diagnosis.

Patient CANNOT effectively participate in group instruction because of the following special needs and needs 1:1 appointment:

Vision/Hearing Language Limitations Cognitive Impairment Other: _____

Physician Name (printed): _____ Phone #: _____ Fax #: _____

Physician Signature: _____ Referral Date: _____ Time: _____

(signature stamps are not acceptable)

If referring physician is not the patient's primary care physician please provide name: _____

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