



Garden City Hospital

DIABETES SERVICES ORDER FORM

(DSMT and MNT Services)

Fax To: 734-458-4690

Phone: 734-458-4330

Patient Information

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell _____

Gender: Male Female DOB: _____ Insurance: _____

Diabetes self-management training (DSMT) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. For Medicare beneficiaries, both services can be ordered in the same year. Research indicates MNT combined with DSMT improves outcomes. **ADA & CMS do not accept elevated A1C for diagnosis. PLEASE FAX MOST RECENT LABS WITH REFERRAL.**

Diabetes Self Management Training (DSMT)

Provided by Certified Diabetes Educators

(Check type of education services being ordered)

Initial training Refresher

Pt has special need to receive individual instruction
(Check all that apply)

Vision Hearing
 Physical Cognitive Impairment
 Language Limitations Other _____

Medical Nutrition Therapy (MNT)

Provided by Registered Dietitian Nutritionist

(Check services being ordered)

Initial MNT

Annual follow-up MNT

Additional MNT services in the same calendar year,
per RD recommendations

Please specify change in diagnosis, medical condition or treatment regimen: _____

Diagnosis: ICD 10 Code: _____

Type 1 Controlled Type 1 Uncontrolled
 Type 2 Controlled Type 2 Uncontrolled
 Gestational Pre-diabetes
 Pre-existing DM with pregnancy
 Continuous Glucose Monitoring

Complications/Co-morbidities (check all that apply)

Hypertension Dyslipidemia
 Neuropathy Nephropathy
 Retinopathy CVD
 Obesity CKD
 Dysmetabolic Syndrome
Other _____

Diabetes Medications: (specify type, dose, frequency)

Oral: _____

Insulin: _____

Desired Outcomes

A1c _____ B/P _____

Patient Behavioral Goals: _____

Signature and UPIN# _____ Date _____

Physician Name / Address / Phone: _____