

# The Virtual Diabetes Education Program at Hailey Crean Nutrition, LLC

Phone: (617) 812-3180 Fax: (833) 893-0629



**DIABETES SELF-MANAGEMENT TRAINING (DSMT), MEDICAL NUTRITION THERAPY (MNT)**

**PLEASE FAX COMPLETED ORDER FORM to: (833) 893-0629**

## PATIENT DATA:

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance information:

Does patient have clearance to exercise? YES NO

## SERVICES TO BE PERFORMED

\_\_\_ Initial DSMT and Initial MNT (10 hrs DSMT + 3 hrs MNT; Medicare benefits)

\_\_\_ Initial DSMT

10 DSMT topics\*

OR

\_\_\_ Subsequent Year DSMT (2 hrs)

\_\_\_ Subsequent Year MNT (2 hrs)

## MEDICARE LABEL ELIGIBILITY:

DSMT and diabetes MNT:

- FBG  $\geq 126$  mg/dl on 2 tests: FBG: \_\_\_\_\_ and FBG: \_\_\_\_\_
- 2 hr OGTT  $\geq 200$  mg/dl on 2 tests: 2 hr OGTT: \_\_\_\_\_ and 2 hr OGTT: \_\_\_\_\_
- Random BG  $\geq 200$  mg/dl with symptoms of uncontrolled diabetes: Random BG: \_\_\_\_\_  excessive thirst  excessive urination  
 excessive hunger  blurry vision  excessive tiredness  unintentional wt loss  tingling in extremities  other: \_\_\_\_\_

**OTHER LABS:** A1c: \_\_\_\_\_ T-Chol \_\_\_\_\_ LDL-C: \_\_\_\_\_ HDL-C: \_\_\_\_\_ TG: \_\_\_\_\_ BP: \_\_\_\_\_ BMI: \_\_\_\_\_ Other: \_\_\_\_\_

## DIAGNOSIS:

Please send recent labs for patient eligibility & outcomes monitoring

Type 1

Type 2

Gestational

Diagnosis code \_\_\_\_\_

## Complications/Comorbidities

Check all that apply:

Hypertension

Dyslipidemia

Stroke

Neuropathy

PVD

Kidney disease

Retinopathy

CHD

Non-healing wound

Pregnancy

Obesity

Mental/affective disorder

Other \_\_\_\_\_

Signature and NPI # \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Group/practice name, address and phone: \_\_\_\_\_