



## Physician Order for Education

### Patient Information

1. Date [MM/DD/YYYY]		2. Patient's Name	
3. Home Phone [Include Area Code]		4. Mobile Phone [Include Area Code]	
5. Address		6. City, State, Zip	
7. Health Insurance		8. Date of Birth [MM/DD/YYYY]	

### Prescription for Education

#### Diagnoses

- Diabetes Type 1, Controlled   
  Diabetes Type 2, Controlled   
  Gestational Diabetes   
  Prediabetes  
 Diabetes Type 1, Uncontrolled   
  Diabetes Type 2, Uncontrolled   
  Chronic Kidney Disease  
 Other \_\_\_\_\_

### Management Plan of Care – The patient is to attend the following

- Medical Nutrition Therapy (MNT) [meal plan]   
  Additional Insulin Training \_\_\_\_\_  
 Comprehensive Diabetes Self-Management Education/Training (DSME/T) includes DSME & MNT   
  Coordinated with Endocrinology
- Insulin Pump Management
  - Continuous Glucose Monitoring
  - Medication Review/Adjustment
  - Initiation of Insulin Treatment

Medication List/Physical and Lab Results (attach copies with referral) \_\_\_\_\_

### List Patient's special needs requiring individual DSMT

- Vision   
  Hearing   
  Cognitive Impairment  
 Language Limitation   
  Physical

### Language Spoken

- English   
  Other \_\_\_\_\_

### Reason for Education

- Needs Review   
  Change in Treatment Regimen   
  Other \_\_\_\_\_  
 New Diagnosis   
  Weight Management

Physician's comments \_\_\_\_\_

### REFERRING PHYSICIAN INFORMATION

Physician Signature		Phone	
Physician Name (Print)		Fax	
Address		City, State, Zip	