



Carolinan HealthCare System

**Diabetes Self-Management Education/Training and
Medical Nutrition Therapy Services Order Form**

Name (Last, first, middle initial) _____ MRN# _____

Date of Birth ___/___/___ Gender: Male Female Primary Language _____ Insurance _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Other Phone _____ Email Address _____

Diagnosis ICD – 10 Code: _____

Diagnosis Description:

- Type 1 Diabetes Type 2 Diabetes Pre-diabetes Most Recent: A1c _____ Date: _____
- Gestational Diabetes Diabetes Complicated by Pregnancy TC _____ LDL _____ HDL _____ Trig _____ Date: _____
- EDC _____ O'Sul _____ OGTT _____
- Renal Obesity Other: _____

Diabetes Self-Management Education/Training (DSME/T) can be ordered by MD, DO or ACP managing patient's diabetes

Check type of training services requested:

- Initial Comprehensive DSME/T:** maximum 10 hours in all 9 topics. **If ordering Comprehensive please also order MNT for the dietitian to give an individualized meal plan**
 - 10 hours or _____ # hrs. requested
- Follow-up DSME/T:** maximum 2 hours after initial year
 - 2 hours or _____ # hrs. requested

Medical Nutrition Therapy (MNT) must be ordered by MD or DO

- Initial MNT:** maximum 3 hours initial year or per patient's insurance and/or patient's needs.
 - 3 hours or _____ # hrs. requested
- Follow-up MNT:** maximum 2 hours after initial year or per patient's insurance and/or patient's needs
 - 2 hours or _____ # hrs. requested

CHS Diabetes Prevention (year-long program that meets 22 times-for those at risk for developing diabetes)

- National Diabetes Prevention Program**

- Management of Diabetes during Pregnancy/Gestational Diabetes Education
- Injectable Training (name/dose) _____
- Insulin Pump Training
- Personal Continuous Glucose Monitoring Training Foot Clinic (Stanly *only*)
- Professional Continuous Glucose Monitoring
- Pre/Post Lipid and A1C may be performed if labs are not documented in Cerner or on referral form.**

Indicate any barriers to group learning requiring individual (1 on 1) DSME/T

Check all special needs that apply:

- Vision Hearing Physical Cognitive Impairment Language Limitations
- Additional training Additional hrs. requested _____

Other: _____

Physician name/Practice name, address, and phone: _____

**Signature _____ NPI# _____ Date ___/___/___

**If DSMT – I hereby certify that I'm managing this beneficiary's Diabetes Condition and the above prescribed training is a necessary part of management (Medicare patients).



Patient Label

Carolinas HealthCare System Diabetes & Nutrition Centers

Carolinas HealthCare System Anson

email: DiabetesCenterCHSAnson@carolinashealthcare.org

2301 US HWY 74 West

Wadesboro, NC 28170

Phone: 704-994-4522 | Fax: 704-994-4501 (Alternate Fax 704-994-4701)

The Diabetes Center at Carolinas HealthCare System Lincoln

CHS Lincoln Medical Plaza 1

441 McAlister Road

Lincolnton, NC 28092

Phone: 980-212-6046 | Fax: 980-212-6038

Carolinas Diabetes Center@ Carolinas HealthCare System Main

1025 Morehead Medical Dr. Suite 500 (Morehead Medical Plaza I)

Charlotte, NC 28204

Phone 704-446-2320 | Fax: 704-446-2321 (Alternate Fax 704-446-2335)

The Diabetes and Nutrition Center @ Carolinas HealthCare System NorthEast

130 Lake Concord Road

Concord, NC 28025

Phone 704-403-3543 | Fax: 704-403-3572

Disease Management | Health Promotion @ Carolinas HealthCare System Stanly

313 Yadkin Street

Albemarle, NC 28001

Phone 980-323-4189 | Fax: 980-323-5162

The Diabetes and Nutrition Center at Carolinas HealthCare System Union

600 Hospital Drive

Monroe, NC 28111

Phone 980-993-2880 | Fax: 980-993-2881 (or 980-993-5752 alternate Fax #)