



Education Prescription

**Diabetes Self-Management Education (DSME) [1st box]
 OR Medical Nutrition Therapy (MNT) [2nd box]**

PLEASE CHECK ALL THAT APPLY AND FAX TO 443-849-8999.

THE PATIENT CANNOT BE SEEN WITHOUT A COMPLETED AND SIGNED PRESCRIPTION.

The Geckle Diabetes and Nutrition Center staff will call the patient to schedule the appointment and will also call the patient's insurance company to verify the patient's insurance coverage.

Patient: (last, first) _____ DOB: ____/____/____

Patient Phone Number: _____ Insurance: _____

PLEASE PROVIDE COPY OF MOST RECENT:

Labs (including basic metabolic panel, A1C, and lipids) if available AND History and physical

Diabetes Self-Management Education (DSME) (Diabetes nutrition information is included in DSME)

Diabetes Diagnosis:

- | | |
|---|---|
| <input type="checkbox"/> Type 1 Diabetes Mellitus – Controlled (E10.9) | <input type="checkbox"/> Type 1 Diabetes Mellitus – Uncontrolled (E10.65) |
| <input type="checkbox"/> Type 2 Diabetes Mellitus – Controlled (E11.9) | <input type="checkbox"/> Type 2 Diabetes Mellitus – Uncontrolled (E11.65) |
| <input type="checkbox"/> Gestational Diabetes Mellitus (O99.810/ O24.410) | <input type="checkbox"/> Diabetes with Pregnancy (O24.319) |
- Duration of diabetes ____mo/yr Newly diagnosed A1C ____% Date of A1C ____/____/____

Please check all that apply:

- Type 2 diabetes group class education (Group classes are recommended unless there is specific reason for individual consultation. If individual consultation is necessary, please check issues that apply.)
 - vision hearing language behavioral cognitive
- Type 2 diabetes individual education
- Type 2 diabetes Medicare follow-up for 2 hours of diabetes education post-classes (available annually per Medicare)
- Type 1 diabetes individual education
- Gestational diabetes/diabetes with pregnancy education
- Self-monitoring blood glucose training
- Carbohydrate counting
- Non-insulin injectable medication training: Medication/dose/times: _____
- Insulin pump introduction _____
- Insulin injection training: Insulin order/prescription (type/dose/times): _____
- Continuous Glucose Monitoring(CGM): Placement (95250)
- Continuous Glucose Monitoring(CGM): Interpretation (95251)

Please check one:

- I will adjust the patient's insulin doses/diabetes medications.
- I request the CDE to instruct patient to adjust insulin up to 10% of the current dose as needed. (*Non-gestational pt. only)
- I request the Geckle Diabetes and Nutrition Center endocrinologist adjust the patient's insulin doses/diabetes medications and discharge the patient from the Geckle Center once the patient's A1C target has been met.

Medical Nutrition Therapy (MNT)

- Diabetes nutrition education
- NON-DIABETES** nutrition education for (diagnosis): _____ ICD-10 Code _____

PRINT Name: _____ Prescriber's Signature: _____
 Phone: _____ Fax: _____ Date: _____

Thank you for your referral