

# The Everett Clinic

For the whole you.

3901 Hoyt Avenue ■ Everett, WA 98201 ■ 425-259-0966

## DIABETES SERVICES ORDER FORM

PATIENT LABEL HERE

OR

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MRN \_\_\_\_\_

Patient Name \_\_\_\_\_ MRN \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Part A. Required

#### DIAGNOSIS



Medicare does not cover payment for a diagnosis of pre-diabetes (IFG, IGT, or hyperglycemia).

**DIAGNOSTIC CRITERIA** Medicare patients must check one.

- FBS  $\geq$  126 mg/dl on 2 different occasions
- 2-hour post-glucose challenge  $\geq$  200 mg/dl on 2 different occasions
- Random glucose 200 mg/dl with symptoms of uncontrolled diabetes

**DIAGNOSIS** Code \_\_\_\_\_

#### EDUCATION CONTENT

**DSMT Content** Please check at least one.

All ten content areas, as appropriate

- |  |  |
|--|--|
| <input type="checkbox"/> Monitoring diabetes   | <input type="checkbox"/> Diabetes as disease process                     |
| <input type="checkbox"/> Psychological adjustment  | <input type="checkbox"/> Physical activity                               |
| <input type="checkbox"/> Nutritional management  | <input type="checkbox"/> Goal setting, Problem solving                   |
| <input type="checkbox"/> Medications   | <input type="checkbox"/> Prevent, detect and treat acute complications   |
| <input type="checkbox"/> Preconception/pregnancy management or gestational diabetes management | <input type="checkbox"/> Prevent, detect and treat chronic complications |

### Part B. Choose ONE of these options.



#### DIABETES SELF-MANAGEMENT GROUP TRAINING (DSMT)

The Everett Clinic is only able to offer group education to patients with an outside primary care physician.

Choose one class:

- Living with Diabetes Classes 1 and 2 (2 hours each)
- Improving Control Class (2 hours)

Medicare patients only must specify:

- |   |   |
|---|---|
| <input type="checkbox"/> Initial group DSMT:          | <input type="checkbox"/> 10 hours or _____ no. hrs. requested |
| <input type="checkbox"/> Follow-up DSMT:              | <input type="checkbox"/> 2 hours or _____ no. hrs. requested  |
| <input type="checkbox"/> Additional insulin training: | _____ no. hrs. requested                                      |

**Medicare: 10 hours initial DSMT in 12-month period, plus 2 hours follow-up DSMT annually.**

### Part C. Relevant Medical Information

List diabetes oral medications and doses \_\_\_\_\_

List insulin types and doses \_\_\_\_\_

Any other pertinent medications \_\_\_\_\_

Most recent HgA1C \_\_\_\_\_ on \_\_\_\_\_

Physician Signature: \_\_\_\_\_ NPI \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FAX COMPLETED FORM TO DIABETES EDUCATION: 425-257-1423**

**Call Diabetes Department with questions: 425-339-5431**