

DIABETES EDUCATION Rx

Borgess Center for Diabetes Care
1717 Shaffer Street, Kalamazoo, MI 49048
Phone: 269.226.8321 Fax: 269.226.7911



This diabetes self-management education program has been awarded Recognition by the American Diabetes Association in accordance with the National Standards for Diabetes Self-Management Education Programs.

MDCH Certified.

Patient's Last Name	First Name	MI	Home Phone	
Address	City	State	Zip	Work Phone
DOB	SS#	Insurance	Cell Phone	

NOTE TO PHYSICIAN *DSMT & MNT are individual and complementary services to improve diabetes care. Research indicates that MNT combined with DSMT improves outcomes. DSMT includes nutrition, exercise, monitoring, psychological adjustment, problem solving-goal setting, diabetes disease process, medications, complications and, when necessary, pre-conception planning.*

Written Diagnosis

- Type 1
- Type 2
 - Diet Orals Insulin
- Gestational / Due Date _____
- Pre-Diabetes
- Other _____

Medical Condition

- Change in therapy
 - Initiation of/change in oral therapy
 - New to insulin
- Uncontrolled diabetes
- Severe hypo/hyperglycemia requiring assistance, ER visits or hospitalization
- Obesity
- Knowledge/skills deficit
- Complications _____
- Other _____

**Consultation with
Dr. Michael Valitutto**

- Request consultation and treat for:
 - Diabetes
 - Other: _____

Please send all pertinent documentation regarding patients care such as, office notes, diagnostic tests and/or recent labs

Plan of Care

Diabetes Self Management Training (DSMT)

Group Education Classes

- Full program up to 10 hours of class and 3 hours of Medical Nutrition Therapy (MNT)
- or Specify _____ hours of DSMT/class and _____ MNT
- Individual Education: Patient unable to participate in group classes due to the following special needs:
 - Vision Language Hearing Other: _____

Initial Medical Nutrition Therapy (MNT) without DSMT (up to 3 hours)

Review & Refresher Options

- Annual DSMT follow-up (2 hours)
- Annual MNT follow-up (2 hours) (please check medical condition on form)
- Additional MNT (second referral in same year due to changes in condition or diagnosis) Specify: _____ Hours: _____

Additional Individual Services

- Blood glucose monitoring (please write script for meter and supplies)
- Insulin instruction or other diabetes injections
 - Insulin/other orders _____
 - If on oral medications Continue Discontinue
- Insulin adjust (by Diabetes nurse)
- Insulin pump therapy

Additional Instructions

Fax **SIGNED FORM** and a copy of **LAB RESULTS WITHIN THE PAST 90 DAYS** (A1C, glucose, microalbumin, lipids) to 269.226.7911.

X

Physician Signature (required by MDCH & Insurance)

Physician Name (please print) Date

Office Address

Office Phone Contact Person

For Internal Use Only

Referral Date _____

Group Class Date _____

Time _____ Location _____

Individual Ed Date _____

Time _____ Location _____