

Inova Diabetes Center

Order Form for Diabetes Education

Patient Name: _____	DOB: _____	Date: _____
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Patient can be reached at the following phone number: _____

All boxes marked with an * must be completed.

*Diagnosis	Diagnostic Codes
<input type="checkbox"/> Type 1 Diabetes Mellitus	250.01 250.03
<input type="checkbox"/> Type 2 Diabetes Mellitus	250.00 250.02
<input type="checkbox"/> Gestational Diabetes Mellitus	648.83
<input type="checkbox"/> Diabetes with Pregnancy	648.03
<input type="checkbox"/> Pre-Diabetes: (Please check one below)	
<input type="checkbox"/> Impaired Glucose Tolerance (random glucose 141-199 mg/dl)	790.20
<input type="checkbox"/> Impaired Fasting Glucose (fasting glucose 8 hrs or more 100-125 mg/dl)	790.21

*Reason for Consultation - check all that apply

New Onset Diabetes _____

Uncontrolled Diabetes _____

Insulin Start _____ Other Injectables _____

Insulin Adjustment / Intensification _____

Insulin Pump Program (IFH location only) _____

Annual Diabetes Check-up and Assessment Services _____

Pre-Pregnancy Counseling _____

Frequent or Severe Hypoglycemia _____

Complications of Diabetes (explain) _____

Continuous Glucose Monitoring - with interpretation (IFH location only) _____

*Group education is the standard and is required by Medicare. Does your patient have barriers that would require him/her to be seen individually rather than in a group education class? Check reason:

Vision Hearing Cognitive Language Physical Challenges

Other, please specify: _____

***I certify that I am managing the patient's condition and the education described in the Plan of Care (please see reverse side). The Plan of Care is needed to provide this patient with the skills and knowledge to help manage their diabetes.**

Printed Name _____ Signature: _____

Phone Number: _____ Fax Number: _____

Current Diabetes Medications:

Diabetes Oral Medications: _____

Insulin (types and doses): _____

Other Injectables: _____

Lab Results: Please send any lab results or complete this section:

Hemoglobin A1C _____

Fasting Glucose _____

Random Glucose _____

1 Hour Glucose Screening (Gestational Diabetes only) _____

3 Hour GTT (Gestational Diabetes only) Fasting: _____ 1 HOUR: _____ 2 HOUR: _____ 3 HOUR: _____

Please fax the Diabetes Education Order Form to the location where service is desired or have patient bring to first appointment. The patient must call to schedule the appointment. Some health insurance plans do not cover diabetes self-management services. Please have your patient contact their plan's customer service representative to discuss their coverage.

Inova Fairfax Hospital
2700 Prosperity Ave, #100
Central Office
Fairfax, VA 22031
Tel 703-698-2500
Fax 703-698-2506

Inova Fair Oaks Hospital
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Suite 408A
Fairfax, VA 22033
Tel 703-391-3746
Fax 703-391-3846

Inova Alexandria Hospital
4320 Seminary Road
Alexandria, VA 22304
Scheduling 703-504-5000
Tel 703-504-3678
Fax 703-504-7573

Inova Loudoun Hospital
44045 Riverside Pkwy.
Leesburg, VA 20176
Tel 703-858-6358
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Plan of Care

Inova Diabetes Center
Adult Education Program

Group education is the standard and required by Medicare unless barriers to learning are identified

Annual follow-up education recommended

Medicare allows 10 hours first year for initial diabetes education

Medicare allows 2 hours of follow-up education per year

Type 2 Basics Class

4 Sessions over a 5 - 6 month period

6 - 10 hours of education

A1C checked at the 1st and 4th sessions

Goal - Assist the person with diabetes to improve glucose control by learning self-management skills to include:

- Blood glucose targets and goals of treatment
- Nutrition/CHO counting/use of alcohol
- Self blood glucose monitoring/interpretation of results
- Exercise: benefits, effects on blood glucose levels
- Problem solving high and low blood glucose levels
- Risk reduction strategies/heart health/foot care/eye care
- Sick day management
- Behavior change strategies

Program Descriptions

Gestational Diabetes Program

This is a program for women who have diabetes during pregnancy. It includes at least 2 visits with instruction focusing on meal planning, blood glucose monitoring and insulin, if necessary.

Insulin/Other Injectable Start Programs

This program focuses on the basics of taking insulin and other diabetes injectables, proper monitoring and interpreting blood results, and appropriate meal planning. There are a minimum of two to three consultations.

Insulin Intensification Program

This program focuses on helping persons with diabetes to achieve tighter control, using multiple daily injections, advanced carbohydrate counting and pattern management. Frequency of sessions is based on the individual's need.

Monthly Pump Orientation

Class that introduces potential pump users to the pros and cons of pump therapy, expectations of potential users and an overview of currently available pumps.

Insulin Pump Program

This program includes insulin intensification, pump mechanics, troubleshooting guidelines and initiation of pump therapy. Co-managed by an educator.