LIFEHELP DIABETES, NUTRITION AND WEIGHT MANAGEMENT SERVICE ORDER FORM
Please complete and FAX to LifeHelp at 727-820-7907

Patient Name: _____ **Date of Birth:** _____

Daytime Telephone number: _____ **Insurance page attached** ❑

DIAGNOSIS: *Must be indicated*

❑ E10.9 Type 1 w/o complication
❑ E11.9 Type 2 w/o complication
❑ O24.4 Gestational Diabetes
❑ Z68.3 Obesity/BMI >30
❑ E10.8 Type 1 Uncontrolled
❑ E11.8 Type 2 Uncontrolled
❑ Diabetes with Pregnancy T1(O24.0) or T2(O24.1)
❑ Other ICD-10 code: _____

❑ **Diabetes Self-Management Education (Comprehensive) 10 hours**
Topics: diabetes diagnosis, pathology, nutrition, including carbohydrate counting, monitoring, meds, exercise, acute/long term complications, emotional issues, resources, changing behaviors, risk reduction, setting goals.
If intensive insulin management is required, appointments will be individual to accommodate the patient.
❑ **Medical Nutrition Therapy for Diabetes –3 hours year one and 2 hours annually thereafter**
❑ **Diabetes Self-Management Support** (Year 2+ or specific education requirement)
Topics: Comprehensive review tailored to the patient's learning needs and ongoing changes in management

❑ **Gestational Diabetes Education:** Concepts of nutrition, monitoring goals for pregnancy, other related concerns.
Individual/group education: 1-2 hour initially and follow-up as needed.
Blood Glucose Goals: Fasting: _____1 hour PC_____ 2 hours PC _____

❑ **Medical Nutrition Therapy (MNT): Nutrition assessment and intervention by a registered dietitian.**
Medicare covers 3 hrs MNT in the first calendar year, plus 2 hrs MNT annually for Diabetes or Renal Dx
❑ Additional MNT services in the same calendar year due to change in treatment, additional order required

Dx ❑ Metabolic Syndrome ❑ Weight Loss ❑ Other Renal Disorder ❑ Bariatric Surgery
❑ Cholesterol Management ❑ Weight Gain ❑ Other GI Disorder ❑ Food Allergy
❑ Other Nutrition Dx_____

❑ **Pre-Diabetes Workshop: Per MD indication as patients with pre-diabetes typically have:**
Impaired Fasting Glucose or Impaired Glucose Tolerance or identified A1c in range of >5.7 to ≤6.4%
The Registered Dietitian lead intensive 2 -3 hour training sessions are offered ~ 6 times per year.
NOTE: *Free session*. No insurance processing / no fee for this service. Recent A1c%=_____ date:

Patients with special needs requiring individual DSMT
Check all special needs that apply:
❑ Hearing ❑ Vision
❑ Physical ❑ Cognitive
❑ Language ❑ Other:_____

Complications/Co-Morbidities: Check all that apply:
❑ Hypertension ❑ Diabetic Nephropathy/Renal ❑ CHF
❑ Dyslipidemia ❑ Diabetic Retinopathy ❑ CAD/CVD
❑ Obesity ❑ Diabetic Neuropathy ❑ CVA/TIA
❑ Liver disease ❑ Non-healing wound ❑ PVD
❑ Psychiatric ❑ Other_____

Most recent lab data: HbA1c _____ (Date_____) FBG _____ (Date _____) B/P _____(Date____)
Chol Panel (Date:_____) Total Chol _____ LDL _____ HDL _____ Triglycerides _____
Renal Fx (Date:_____) eGFR _____ UMAA _____ Creatinine _____ Or FAXING labs _____

I am referring this patient for medically necessary self-management training/education.

PROVIDER'S SIGNATURE: _____ **Date:** _____
Provider's Name (Printed): _____ **(T)** _____
Address: _____ **(F)** _____

BayCare | St. Anthony's Hospital

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