HOUSTON Methodist
LEADING MEDICINE

Physician ORDER FORM
Diabetes Self-Management Education & Medical Nutrition Therapy

* Indicates Required Information for Medicare patients

PREFERRED LOCATION & DEMOGRAPHICS

☐ Med Center ☐ Pearland ☐ Sugar Land ☐ West Houston ☐ Willowbrook ☐ The Woodlands ☐ San Jacinto

SCHEDULING PHONE/FAX: 713-441-5975 | FAX: 713-790-6366

PATIENT'S NAME	DATE OF REFERRAL	DOB	SEX M F
PRIMARY PHONE	ALT PHONE	PATIENT ADDRESS	
PATIENT INSURANCE			

COMPLETE ALL PERTINENT DIAGNOSIS ICD 10 CODES

Type 1 Diabetes	E10._____	Obesity	E66._____	Thyroid	____.___
Type 2 Diabetes	E11._____	Metabolic Syndrome	E88._____	GI	____.___
Other Diabetes	E13._____	Hypertension	I10. _____	Liver	____.___
Impaired/Abnormal Glucose	R73._____	High Cholesterol	E78._____	Cancer	____.___
Gestational Diabetes	O24._____	Renal	N18._____	Other	____.___

*DIABETES EDUCATION: Complete Entire Section Below if Referring for Diabetes Self-Management Education (DSME)

1. Check type of services needed and number of hours requested:
   - ☐ Initial Comprehensive Diabetes Ed - up to 10 hrs and all 9 ADA core topics
   - ☐ Follow-Up Education – up to 2 hrs
   - ☐ Specific topics and hours if needs vary from above:_____

2. Indicate any special needs requiring Individual or Customized Education:
   - ☐ Language ☐ Vision/Hearing/Physical ☐ Insulin Training ☐ Recent Organ Transplant
   - ☐ Literacy ☐ Carb to Insulin Ratio Ed ☐ Pump Overview ☐ Other _____

With my signature below, I hereby certify that I am managing this patient's diabetes condition and that the above prescribed training is a necessary part of management.

*MEDICAL NUTRITION THERAPY (MNT) & INTENSIVE BEHAVIORAL THERAPY (IBT)

Check type of service(s) requested:

☐ MNT (Initial up to 3 hrs/Follow-up up to 2 hrs) ☐ IBT (nutrition & behavioral counseling for BMI>30) ☐ Weight Loss Programs

LABS

Attach recent lab work and progress notes.

REFERRING PHYSICIANS

Additional Instructions

Physician's Name & Address	Physician NPI	**Contact for Questions:**
		Contact Name: _____
Physician's Signature	Date/Time	Phone No. _____
		Fax No. _____