



Diabetes Education Order

Patient Name: _____ DOB: _____ Phone: _____

Does patient have a barrier that prevents group learning? Yes / No If yes, explain _____

Is patient capable of adjusting meal insulin based on blood sugar & carbs? Yes / No

Check Education Box Below

Comprehensive Classes		
	Comprehensive Diabetes Education	Type of diabetes, healthy eating, exercise, blood sugar monitoring, medicine, problem solving, stress management, prevention of acute/chronic complications (up to 10 hrs)
	Diabetes Discharge Class	For those d/c from hospital in past 14 days Monitoring, meal planning, diabetes medicines, barriers to care (up to 2 hrs)

Single Topic Only		
	Insulin Instruction	Insulin action & delivery, dosage, rotation, disposal, hypoglycemia treatment (up to 2 hrs)
	Diabetes Nutrition Appointment	Carb counting, label reading, meal planning, insulin to carb ratio-if needed (up to 2 hrs)
	Insulin Pump Review	Bolus calculator, advanced bolus features, suspend, temporary basal, troubleshooting pump failure, site rotation (up to 2 hrs)

Diagnosis Code _____

Specific Needs/Instruction: _____

Print Physician Name _____ Signature _____ Date _____

Clinic Name _____ Clinic Number _____

Office Use Only

1st Attempt _____ 2nd Attempt _____

Appointment Date(s): _____ and _____ Time _____