

Battle Creek Health System
Diabetes Center
363 Fremont St Suite 308
Battle Creek, MI 49017
PH: (269) 966-8190 FAX: (269) 966-8035

Please fax completed form to
 (269) 966-8035

Patient Name: _____ Daytime Phone: _____ Cell or PM Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ SS#: _____ Last **TWO** BGlucose: _____ Date: _____ BGlucose: _____ Date: _____
 and
 HbA1C Result: _____ Date: _____

Referring Physician: _____ Office Phone: _____ Office Fax: _____
 (Please Print)

Insurance/Health Plan: _____ ID/Plan #: _____ Prior Authorization #: _____

PHYSICIAN'S DIAGNOSIS ICD-9 CODE

- | | |
|---|--|
| <input type="checkbox"/> Type 2 controlled 250.00 | <input type="checkbox"/> Gestational Diabetes 648.83 |
| <input type="checkbox"/> Type 2 uncontrolled 250.02 | <input type="checkbox"/> Diabetes with pregnancy 648.00 |
| <input type="checkbox"/> Type 1 controlled 250.01 | <input type="checkbox"/> Dysmetabolic syndrome 277.7 |
| <input type="checkbox"/> Type 1 uncontrolled 250.03 | <input type="checkbox"/> Abnormal GT (pre-diabetes) 790.20 |

MEDICAL STATUS AND/OR COMPLICATIONS

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> New onset DM | <input type="checkbox"/> Severe hypo/hyperglycemia | <input type="checkbox"/> Other |
| <input type="checkbox"/> New to insulin | <input type="checkbox"/> Obesity | |
| <input type="checkbox"/> New to oral and anti-diabetes agents | <input type="checkbox"/> Retinopathy | |
| <input type="checkbox"/> Neuropathy | <input type="checkbox"/> Nephropathy | |
| <input type="checkbox"/> Gastroparesis | <input type="checkbox"/> Vascular Disease | |

PLAN OF CARE

*Group *Preferred by 3rd party payors
 Comprehensive Diabetes Core Classes
 (10 Hours Completed in 3 days)*

OR

*Individual *Reserved for those: needing injection therapy,
 blood glucose monitoring, or if there is an impairment
 of speech, language, hearing, sight, emotional or other.
 (1.5 Hours) (Please circle appropriate descriptor)*

- *Diabetes Self-Care Assessment
- *Diabetes Overview & Treatment
- *Acute Complications
- *Chronic Complication
- *Introduction to Behavior Change
- *Basics of Nutrition: Meal Planning
- *Basics of Exercise
- *Medications
- *Foot Care
- *Blood Glucose Monitoring
- *Follow-Up within 3 months
- *Follow-Up within 12 months

- (Module 1) 3.5 hrs Diabetes Overview
- (Module 2) 3.5 hrs Nutrition/Exercise
- (Module 3) 3.0 hrs Medication/Monitoring

- Basic Diabetes Overview**
- Medical Nutrition Therapy**
 (Dietician to determine nutrition plan)
- Blood Glucose Monitoring**
 FBS AC 1 hr postprandial 2 hr postprandial Bedtime
- Insulin Instruction:** Type: _____ Dose: _____ Frequency: _____
 Titrate? _____ Goal? _____ Units: _____ Frequency: _____
- Byetta Instruction:** Dose: _____ Frequency: _____
- Symmlin Instruction:** Dose: _____ Frequency: _____
- Instruction for oral agents when Insulin / Byetta / Symmlin started:**
 Continue all current oral diabetes medications
- Continuous Glucose Monitoring System** (Subcutaneous Glucose Sensor)
 24 Hours 48 Hours 72 Hours
- Evaluate for hyperglycemia hypoglycemia other
- Diabetes Self Management Review** – for patients who completed
 Core 10 hr class (Medicare only: limit 2 hours maximum annually)

Physician Signature _____ Date _____ Time _____

2009 PHYSICIAN ORDER FOR OUTPATIENT DIABETES SELF-MANAGEMENT

DE-001

REV: 9/08

DE-001

BATTLE CREEK  HEALTH SYSTEM
Diabetes Center

363 Fremont St. Suite 308
Battle Creek, MI 49017

2009 DIABETES CLASS SCHEDULE

Morning Classes are from 9am-12:30pm (Coffee & water provided). Classes are two days with an initial appointment prior to class for an Individualized Health Assessment.

January 13 & 14 and 26 & 28	July 7 & 9 and 13 & 15
February 9 & 11 and 17 & 18	August 4 & 6 and 10 & 12
March 10 & 12 and 16 & 18	September 2 & 3 and 9 & 10 and 28 & 30
April 6 & 8 and 14 & 15	October 5 & 7 and 13 & 14
May 12 & 14 and 27 & 28	November 3 & 5 and 9 & 11
June 8 & 10 and 22 & 24	December 2 & 3 and 21 & 22

Afternoon Classes are from 1pm-4:30pm (Coffee & water provided). Classes are two days with an initial appointment prior to class for an Individualized Health Assessment.

January 20 & 22	July 21 & 23
February 25 & 26	August 17 & 19
March 23 & 25	September 14 & 16
April 21 & 23	October 28 & 29
May 19 & 20	November 23 & 24
June 16 & 17	December 7 & 9 and 29 & 30

Evening Classes are from 6pm-8:30pm (Coffee & water provided). Classes are three days with an initial appointment prior to class for an Individualized Health Assessment.

January 5, 6 & 7	July 27, 28 & 29
February 3, 4 & 5	August 24, 25 & 26
March 2, 3 & 4 and 30, 31 & April 1	September 22, 23 & 24
April 27, 28 & 29	October 19, 20 & 21
May 5, 6 & 7	November 16, 17 & 18
June 2, 3 & 4 and 29, 30 & July 1	December 14, 15 & 16

Class Description

◆ Diabetes Self-Care Assessment ◆ Diabetes Overview and Treatment ◆ Acute Complications ◆ Chronic Complications ◆ Introduction to Behavior Change ◆ Basics of Nutrition; Meal Planning ◆ Basics of Exercise ◆ Medications ◆ Foot Care ◆ Blood Glucose Monitoring ◆ Follow-Up Sessions