



HealthPartners®

International Diabetes Center
Fax copy to IDC at 952-993-3634, Tel 952-993-3393

Diabetes Education



EDDIAB

NAME:

DOB:

MR#:

LABEL

HCL# :

Patient can be reached at the following phone #

Date	Phone #	<input type="checkbox"/> PN Clinic	<input type="checkbox"/> Other _____
------	---------	------------------------------------	--------------------------------------

In order to triage your patient appropriately, please supply any relevant clinical information and lab work.

A1C _____ Creatinine _____

Lipid profile _____ Microalbumin _____

ALT _____

- Non-urgent, 1st available appointment
- Urgent, within 2 weeks
- Emergent, within 2 days

Reason: Polyuria Polydipsia Polyphagia Infection Weight Loss

Other _____

REASON FOR CONSULTATION—check all that apply

- New onset diabetes
- Previously diagnosed diabetes
- Insulin adjustment
- Insulin start
- Non-insulin injectable therapy
- Frequent or severe hypoglycemia
- IGT (impaired glucose tolerance) Random glucose 141-199 mg/dL
- IFG (impaired fasting glucose) Fasting glucose 8 hours or more 100-125 mg/dL

CURRENT DIABETES MEDICATIONS Plan of Care is located on reverse side of this form

- Diabetes oral medications _____
- Insulin (type and dose) _____
- Non-insulin injectables _____

* 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 ed. class?

- Vision _____
- Hearing _____
- Other, (please specify) _____
- Language limitations _____
- Disease state _____
- Emotional _____
- Cognitive _____

This patient may be contacted regarding diabetes research opportunities.

I certify that I am managing this patient's condition and the education described in the Plan of Care located on the back of this referral.

Provider Signature ► _____ Date ► _____

Printed name ► _____ Time ► _____

NAME:

DOB:

MR#:

LABEL

HCL# :

PLAN OF CARE

International Diabetes Center Adult Education Program

Plan of Care is needed to provide this patient with the skills and knowledge to help manage their diabetes

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

3 Sessions over 6 months

6-10 hours of education

Non-insulin

IGT

IFG

Annual Follow-up available- 2 hours

GOAL:

Assist the person with diabetes not on insulin to improve glucose control by learning self-management skills related to blood glucose monitoring, meal planning, and increased activity by:

- * Understanding diagnosis of diabetes
- * Stating the goals of treatment
- * Stating goal for HbA1c
- * Demonstrating ability to monitor glucose
- * Healthy eating and label reading
- * Understanding the benefits of increased activity
- * Verbalizing recognition and treatment of hypoglycemia
- * Problem solving high & low glucose
- * Understanding risk for heart disease
- * Verbalizing understanding of lipids
- * Setting behavioral goal
- * Understanding of guidelines for alcohol use

Insulin BASICS

3 Sessions over 4 months

6-10 hours of education

Insulin start

Insulin adjust

Non-insulin injectable

Frequent or severe hypoglycemia

Annual Follow-up available- 2 hours

GOAL:

Assist the person with diabetes to improve glucose control by learning self-management skills related to insulin therapy by:

- * Demonstrating insulin administration
- * Demonstrating ability to monitor glucose
- * Verbalizing target glucose and HbA1c goals
- * Problem solving high and low glucose
- * Understanding carbohydrate counting and label reading
- * Understanding effect of exercise on glucose
- * Understanding sick day management
- * Understanding treatment of hypoglycemia
- * Verbalizing importance of preventative care
- * Setting behavioral goal
- * Understanding basics of pattern control
- * Demonstrating non-insulin injectable administration.