



Lane Regional  
Medical Center

*Changing and Growing With You*

## DIABETES MANAGEMENT PROGRAM Physician Order Sheet

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Last A1C Result/Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**The above patient is being referred for diabetes education and needs to be taught:**

### Diabetes Management:

- Diabetes overview (1hr RN only)
- Exercise and activity
- Medications
- Glucose monitoring
- Acute complications
- Chronic complications
- Foot, skin and dental care
- Psycho social
- Lifestyle changes
- Preconception and pregnancy
- Health and community resources

### Nutritional management:

- ADA instruction overview (1hr Dietitian only)
- Carbohydrate counting and label recognition
- Customized ADA diet according to BMI
- Other \_\_\_\_\_

### ALL OF THE ABOVE:

8 hours of diabetes education

(Patient will attend 3 sessions: one-on-one with RN & RD educators and attend group class.)

### REFRESHER COURSE ONLY: 2 group hrs

(Must have attended initial class, must be ordered separately)

Has this patient attended a diabetes class before?  Yes  No

If the patient needs insulin injections or administration instructions, **please give dosage:**

AM: \_\_\_\_\_

PM: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

**Please fax last office visit lab work with this order sheet to: 658-4486.**

Thank you for the referral.  
Sherri Brady, RN, 658-4583