

**Haywood Regional Medical Center
Diabetes and Nutrition Education**

Patients Name: _____ DOB: _____
Phone: (home): _____ (cell): _____

Diagnosis:

- Type 1 Diabetes without complications (E109)
- Type 1 Diabetes with hyperglycemia (E1065)
- Type 2 Diabetes without complication (E119)
- Type 2 Diabetes with hyperglycemia (E1165)
- Gestational Diabetes (O24419)
- Glucose Intolerance (E7439)
- Hyperlipidemia (E785)
- Hypertension (I10)
- Obesity (E669)
- Overweight (E663)
- Unintentional Weight loss(R634)
- Failure to Thrive –adult(R627) –child (R6251)
- Unspecified Protein–Calorie Malnutrition(E46)
- Other: _____

Management Care Plan:

- Comprehensive Self–Management Education Program for Diabetes (1:1 initial and 8 hours of group education)
- Follow–up training for diabetes: Medicare allows 2 hours of follow–up after the initial year of training
- Management of Diabetes During Pregnancy (1:1)
- Insulin Instruction (1:1)
- Injectable Medication Instruction (GLP–1 or Symlin) (1:1)
- Nutrition Management/Medical Nutrition Therapy (1:1)

Check any of the following for patients with Diabetes ONLY (for Diabetes Self-Management Education):

- Newly diagnosed
- Recurrent elevated blood glucose levels
- Recurrent hypoglycemia
- Change in Diabetes Treatment regimen

High risk due to diabetes complications: (Please check if any apply for your patients with diabetes)

- Retinopathy Neuropathy Hypertension Nephropathy Dermatopathy Gastroparesis
- Cardiovascular disease Hyperlipidemia Other: _____

Insulin Regimen:

- Type/Dose _____
- Type/Dose _____

Special Needs (this will warrant 1:1 appointment) Check if any apply:

- Impaired dexterity Impaired vision/hearing/speech Impaired mental status Learning disability
- Language: _____

****** Labs and Anthropometrics: (Please complete the following or attach the most recent labs):******

A1c: _____ FBG: _____ Total Cholesterol: _____ HDL: _____ LDL: _____
Triglycerides: _____ Weight: _____ Height: _____ Blood Pressure: _____

Please read the following:

*Upon completion of the Comprehensive Diabetes Class, the above patient may become a member of the Haywood Regional Health and Fitness Center for independent exercise.

**Exercise limitations or any specific guidelines or protocols you want your patient to follow: _____

Referring Physician: Please print name _____

Signature of Physician: _____ Date: _____

To Schedule Appointments:

1. Call Central Scheduling at 855–298–3003
2. Then Fax this Form *and* most recent office note to 828–452–8349