



NH6722

NORTHSIDE HOSPITAL

AFFIX PATIENT LABEL HERE

Location	Phone Number	Fax Number
<input type="checkbox"/> Atlanta <input type="checkbox"/> Alpharetta <input type="checkbox"/> Forsyth	404-851-6023	404-845-5972
<input type="checkbox"/> Cherokee	678-388-6400	678-388-6410
<input type="checkbox"/> Gwinnett	678-312-4117	678-312-6049

Patient: _____ DOB: _____
 Address: _____
 Phone: _____ Email: _____
 Medicare: Yes No Medicaid: Yes No Insurance Provider: _____
 Gender: M F English Speaking: Yes No Preferred Language: _____

Need for Individual Education due to: _____
 Language Hearing Impairment Visual Impairment Physical Limitation Mental/Cognitive Limitation

DIABETES SELF MANAGEMENT EDUCATION/TRAINING FOR:

New Onset Type 1 Type 2 Gestational Diabetes Pre-existing DM & Pregnant

DIAGNOSIS/ICD10 CODE(S):

LAB DATA: Please fax lab reports or other pertinent information that will support patient's care.

Date: _____
 Glucose: _____ Hemoglobin A1C: _____
 Glucose Tolerance Test: Fasting: _____ 1 hr: _____ 2 hr: _____ 3 hr: _____
 Cholesterol: _____ HDL: _____ LDL: _____ Triglycerides: _____

CLASSES & SERVICES

Gestational Diabetes Self-Management Education Class (Nutrition Included)
 Type 1 & 2 Comprehensive Diabetes Self-Management Education Class (Nutrition Included)
 Advance Carbohydrate Counting
 Introduction to Diabetes Technology
 Refresher
 Other Diabetes Education as specified: _____

Insulin or Injectable Training | Medication Name _____
 Dosing Instructions: _____
 Breakfast _____ Lunch _____ Dinner _____ Bedtime _____

DIABETES MEDICAL NUTRITION THERAPY

Diabetes MNT
 Prenatal Nutrition (hx: DM, PCOS, pre-diabetes)
 Impaired Glucose Tolerance (pre-diabetes)
 PCOS

ADDITIONAL MEDICAL NUTRITION THERAPY GWINNETT ONLY

Bariatric Related Nutrition Therapy
 Obesity
 Other Nutrition Related Diagnoses: _____

Special Instructions: _____

Provider (please print): _____ Provider ID #: _____
 Provider Signature: _____ Date/Time: _____
 Name of Supervising MD/DO: _____
 Office Phone Number: _____ Office Fax Number: _____

OUTPATIENT ORDERS DIABETES AND NUTRITION EDUCATION