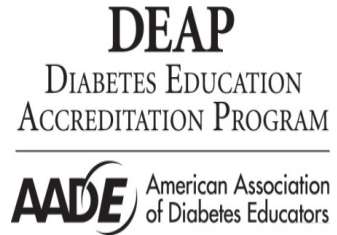


Harrison County Hospital
Nationally Accredited Diabetes Self-Management Training Order Form
Fax completed and signed form to HCH Out-Patient Nursing, Fax: (812) 734-3822

Diabetes Self-Management Training
Every Second Tuesday of the Month
At Harrison County Hospital from 9 am – 4 pm
For Diabetes, Pre-Diabetes, Hypoglycemia and Metabolic Syndrome
For more Information call: (812) 738-8713
Bring one guest at no additional charge, lunch is provided



Patient's name: _____ DOB: _____ SSN: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Address: _____

Insurance company: _____ Policy ID #: _____

Precert required: yes or no /referral #: _____

Appointment date: _____ Arrival time: **8:30 am** Appointment time: **9:00 am**

Diagnosis/symptoms: _____

Diagnosis:

- Type 1 diabetes (E10.9)
- Type 2 diabetes (E11.9)
- Uncontrolled Type 1 diabetes (E10.65)
- Uncontrolled Type 2 diabetes (E11.65)
- Metabolic syndrome (E88.81)
- Hypoglycemia (E16.2)
- Pre-diabetes (R73.09)

Education requested (G0109)

- Comprehensive diabetes education class (discuss self-management skills to prevent complications & manage blood glucose, individual and group meal planning & blood glucose monitoring included)

Physician's signature (required): _____ Date: _____

Physician name (print): _____ Office phone: _____

Practice name: _____ Office fax: _____