

Order for Clinical Health Education Appointments

Patient Name: _____ DOB: _____ Phone: _____
 GHC # _____ Primary Care Provider: _____
 Appointment Date: _____ Referring Provider (if not PCP): _____

Primary Clinic: Cottage Grove Belleville Northeast Verona Wingra Stoughton Mt. Horeb
Phone number: 608-839-3104 608-424-3384 608-241-9020 608-845-9531 608-263-3111 608-877-2660 608-437-3064

Appointment Locations: Capitol Sauk Trails East Hatchery Hill
 608-257-9700 608-831-1766 608-222-9777 608-661-7200

Visit Type:

Asthma/COPD Education (visits with Certified Asthma Educator/Respiratory Therapist. Includes spirometry as needed and education on use of medications, control of environmental triggers, etc).

Medical Nutrition Therapy / Education (visits with Registered Dietitian (RD). Includes assessment of current nutritional status and eating habits, and creation of individualized plan to meet patient's goals).

Diabetes Education (visits with RN (not RD*) for education
Please Circle One Response Per Question:

1. **Referral Reason:** New Diagnosis | Elevated A1C | New to GHC, establish diabetes care | or See Comment*
2. **Education Requested:** Comprehensive | Monitoring / Nutrition | Medications/Insulin | Physical Activity | Goal Setting/Problem Solving | Complications | Preconception Counseling
3. **Activate medication/insulin management per GHC-SCW protocol?** YES | NO
4. **Special Needs:** Insulin Pump | Continuous Glucose Monitoring | Gestational Diabetes | New Type 1 | Post-hospital F/U

*Comment: _____

*For dietary counseling related to diabetes, please order Medical Nutrition Therapy/Education above for RD visit.

Diabetes Advanced Management (visits with Advanced Practice Nurse Prescriber for insulin pump management, Continuous Glucose Monitoring, management of patients with more complex needs than can be addressed by basic management protocols.)

Tobacco Cessation Counseling (visits with Licensed Professional Counselor specializing in Tobacco Cessation. Includes assessment of current tobacco use habits, need for pharmaceutical support for quitting).

Diagnosis:

- Asthma (J45.909)
- Dyslipidemia (E78.5)
- Gestational Diabetes (024.419)
- Obesity (E66.9)
- Hypertension (I10)
- Pre-diabetes (R73.09)
- Tobacco Use Disorder (Z72.0)
- Type 1 Diabetes (E10.9)
- Type 2 Diabetes (E11.9)
- Other _____

Signing this form indicates an order for selected service(s). Please fax to 608-662-5091, Attn: Alison Haack.

Printed Name

Signature

Date