

DIABETES EDUCATION PROGRAM REFERRAL FORM

A Program Accredited by the American Association of Diabetes Educators

Phone: 360-299-4242 Fax: 360-299-4278

Patient Information: Male Female Patient's Last Name First Name Date of Birth Middle Initial Gender Address (including City, State, Zip Code) Preferred Patient Phone Number Insurance Information **DIABETES SELF-MANAGEMENT EDUCATION (DSME)**: Education will be provided utilizing individual and group sessions unless patient has special needs identified by the referring provider (see box below). Education provided will be based on needs identified during the patient assessment. The following content areas will be addressed as identified (the AADE 7 self-care behaviors and diabetes in pregnancy): 1. Healthy Eating 2. Being Active 3. Monitoring 4. Taking Medication 5. Problem Solving 6. Healthy Coping 7. Reducing Risks 8. Diabetes Management during Pregnancy (if applicable)

Patients w	ith special need	ls requiring <u>indivi</u>	idual educa	ation sessio	ns: Check a	all special needs that apply:
☐ Vision	Hearing	☐ Physical ☐	Cognitive	Impairment	☐ Lang	uage Limitations
Medicare l	Restrictions: 10	hours allowed for l	INITIAL 12 i	month period	l, plus 2 hou	urs follow-up education annually.
Please fax	most recent: La	ab results, chart r	note and me	ed list (A1C	Lipid Pane	el and microalbumin-to-creatinine ratio)
Labs: A1c:	Lipids:	Cholesterol:	LDL:	HDL:	Trigl:	Microalbumin-to-creatinine ratio:
Phy	rsician Sections	Below				
	-		. —			complications Type 1(specify code) Other
Complicat	ions/Co-Morbid	ities: Check all tha	nt apply:	Hypertensic	n 🗌 Neur	ropathy Renal disease
	aling wound 🔲 isease 🔲 Obes		sorder 🔲	Dyslipidemia	ı 🗌 Retin	opathy ☐ Stroke ☐ PVD
PCP Signa	ture					Date
						training specified above is needed to ensure ge the patient's diabetes.