



DIABETES SELF-MANAGEMENT PROGRAM - REFERRAL FORM

To schedule, please contact Central Scheduling at 860-872-5150 (Fax: 860-474-1700)

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please note that not all insurances cover Diabetes Education. Your patient should call his/her insurance carrier directly to confirm benefits and any out of pocket expenses, including deductibles.

Diabetes Diagnosis:

- Diabetes diagnosis checkboxes: Type 2 controlled, Type 2 uncontrolled, Type 1 uncontrolled, Type 1 controlled, Pre-Diabetes, Gestational Diabetes, Pre-existing DM with pregnancy, Other.

Indicate one or more reasons for referral:

- Reasons for referral checkboxes: Newly Diagnosed, Change in DM treatment regimen, Recurrent hypoglycemia, Complications related to diabetes.

Current Treatment:

- Current treatment checkboxes: Diet and Exercise, Oral Agents, Insulin/Injectable.

PROGRAMS or SERVICES NEEDED

Pre-Diabetes | T2 Diabetes Prevention Program

The following criteria must be met for participation:

- Criteria for participation: ≥18 years old, BMI ≥25 kg/m2, No previous diagnosis of Type 1/Type 2 Diabetes, Previous gestational diabetes.

With 1 or more of the following:

- Criteria for participation: HbA1C: 5.7%-6.4%, Fasting plasma glucose: 100-125 mg/dL, 2-hour plasma glucose (after a 75 gm glucose load): 140-199 mg/dL, Previous diagnosis of gestational diabetes.

Comprehensive Diabetes Self-Management Education/Training (DSME/T)

Initial Ten (10) Hours to include the following:

- Topics for DSME/T: Monitoring diabetes, Diabetes as a disease process, Psychological adjustment, Physical Activity, Medications, Prevent, detect & treat acute complications, Prevent, detect & treat chronic complications, Nutritional Mgmt., Goal setting, problem solving.

Follow-up Diabetes Self-Management Training: 2 hours or specify # of hours: \_\_\_\_\_

Provide individual education sessions as patient is unable to benefit from group classes due to the following special needs (select all that apply):

- Special needs checkboxes: vision, speech, hearing, language, cognitive, physical, emotional.

Medical Nutrition Therapy (MNT) - including weight management and carbohydrate counting related to diabetes

- MNT checkboxes: Initial Appointment: 3 hours or specify # of hours; Follow-up Appointment: 2 hours or specify # of hours.

Gestational Diabetes Education

ADDITIONAL SERVICES and/or EDUCATION NEEDED

- Additional services checkboxes: Advanced carb counting - learning to use insulin to carb ratios and correction factor: Current insulin dose: \_\_\_\_\_; Insulin/Injectable Instruction: Insulin type(s), dose(s), and time: \_\_\_\_\_; Patient to continue oral medications? Yes No; Other: \_\_\_\_\_.

I hereby certify that I am managing this patient's Diabetes condition and that the above prescribed training is a necessary part of management. Healthcare Provider Signature: \_\_\_\_\_ NPI#: \_\_\_\_\_ Date: \_\_\_\_\_ Printed name of provider: \_\_\_\_\_ Tel Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

REQUIRED INFORMATION TO BE INCLUDED WITH THIS REFERRAL - PROVIDER'S LAST OFFICE NOTE, PERTINENT LABS AND MEDICATIONS

If you have any questions, please contact the ECHN Diabetes Self-Management Program at 860-647-6824