

## Diabetes Outpatient Education Referral Form

Diabetes Self-Management Education/Training and Support Services offers a series of individual and group sessions with a Certified Diabetes Care and Education Specialist who will empower the patient to find practical solutions that will fit their personal needs to self-manage their diabetes.

<b>Royal Oak:</b>	<b>Phone: 248-551-6799</b>	<b>Fax: 248-551-6236</b>
<b>Troy:</b>	<b>Phone: 248-964-0358</b>	<b>Fax: 248-964-0850</b>
<b>Grosse Pointe:</b>	<b>Phone: 586-443-7640</b>	<b>Fax: 586-443-2309</b>
<b>Dearborn:</b>	<b>Phone: 313-593-7660</b>	<b>Fax: 313-593-7662</b>
<b>Farmington Hills:</b>	<b>Phone: 313-593-7660</b>	<b>Fax: 313-593-7662</b>

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### Type of Diabetes:

- |  |  |
|--|--|
| <input type="checkbox"/> Type 1 Diabetes (E10.9)               | <input type="checkbox"/> Type 2 Diabetes/uncontrolled (E11.65) |
| <input type="checkbox"/> Type 1 Diabetes/uncontrolled (E10.65) | <input type="checkbox"/> Pre-Diabetes (R73.03)                 |
| <input type="checkbox"/> Type 2 Diabetes (E11.9)               | <input type="checkbox"/> Other _____                           |

### Referral for:

- Comprehensive Diabetes Self-Management Education Program (DSMES) (10 hours)
- 1:1 Comprehensive DSMES via telehealth (temporary during COVID-19 emergency maximum of 10 hours)
- Insulin Administration Education - Insulin Type \_\_\_\_\_ Dose \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  Syringe  Pen
- Pre-Diabetes Education / Medical Nutrition Therapy (one hour / individual)
- Medical Nutritional Therapy (MNT) (1 hour / individual) number of 1 hour sessions.

Barriers to Group Learning:  none  vision  hearing  language  cognitive  physical  other \_\_\_\_\_

Physician Signature: \_\_\_\_\_ NPI# \_\_\_\_\_

Physician Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date of laboratory results: \_\_\_\_\_

FBG#1 \_\_\_\_\_ FBG#2 \_\_\_\_\_ (or) Random BG \_\_\_\_\_ (or) OGTT \_\_\_\_\_ AIC \_\_\_\_\_ (date) \_\_\_\_\_

Cholesterol \_\_\_\_\_ Triglycerides \_\_\_\_\_ LDL \_\_\_\_\_ HDL \_\_\_\_\_