



300 22nd Avenue
Brookings, SD 57006
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PATIENT LABEL

Diabetes Self-Management Education Referral Form

Patient Name: _____ DOB: _____
Phone#: _____ 2nd #: _____
Health Insurance: _____ Preauthorization: _____

Diagnosis:

New Onset Previous Diagnosis

Type: Type 1 Type 2 Gestational Pregnant with diabetes

Current Therapy: Diet Only Oral Agent Insulin

Insulin: Lantus/Levemir units _____ NPH units _____ Mixed units _____

Regular units _____ Humalog/units _____ Novolog/units _____

Other: _____

Height: _____ Weight: _____ Last B/P: _____ Foot Exam Done? Yes _____ No _____

Recent Lab Results:

<u>Lab</u>	<u>Date</u>	<u>Lab</u>	<u>Date</u>
FBS _____	_____	HgA1c _____	_____
2nd FBS _____	_____	Cholesterol _____	_____
HDL _____	_____	LDL _____	_____
Triglycerides _____	_____	Microalbumin _____	_____
BUN _____	_____	Creatinine _____	_____

Medication List: Refer to faxed/mailed copy

Diabetic Complications:

CVD Depression Gastroparesis Hypertension
Hyperlipidemia Nephropathy Neuropathy Retinopathy
Other: _____

Diabetes Education Plan of Care:

I certify that diabetes self-management education services are needed under a comprehensive plan for this patient's diabetes care. I also certify that the medical record supports the reason for the education and that the training is reasonable and necessary.

Initial Education for new onset: Diabetes Team (diabetic educator and dietician) to provide up to 10 hours of diabetes education, with number and frequency of session based on their professional judgement. Topics to include all appropriate content area as specified in the ADA National Standards for Diabetes Self-Management Education

Follow-up education (specify topics below):

Comprehensive Management Skills (Educator/Dietitian)

Self Blood Glucose Monitoring /Frequency: _____

Complications

Nutrition Management (Dietitian only)

From Oral to Insulin

Insulin Orders: _____

Continuous Blood Glucose Monitor (CGMS) Personal (Dexcom or Freestyle) Professional CGM

Other: _____

Time: _____ Date: _____ Physician Signature: _____

FAX to Centralized Scheduling 696-8889 or call 696-8888

Diabetic Coordinator/Dietician