

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.

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

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 _____