Beaumont
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.

Type of Diabetes:

- □ Type 1 Diabetes (E10.9)
- □ Type 1 Diabetes/uncontrolled (E10.65)
- □ Type 2 Diabetes (E11.9)
- □ Type 2 Diabetes/uncontrolled (E11.65)
- □ Pre-Diabetes (R73.03)
- □ 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 _______ A1C _______ (date)______

Cholesterol _______ Triglycerides _______ LDL _______ HDL _______