

**UNMH Patient Education Department
Diabetes Self-Management Education Referral**

Please fax to Patient Education Department 272-6591; telephone referrals are not accepted.

Date of Referral:	Patient Name:
Referring Provider:	UH MR #: Phone#:
Provider Signature:	Date of Birth:
Provider phone #:	Patient UNM Care or SCI? Y / N
Form completed by:	Other insurance:

Diagnosis:

- Diabetes, Type 1, controlled
- Diabetes, Type 1, uncontrolled
- Diabetes, Type 2, controlled
- Diabetes, Type 2, uncontrolled

Reason for Referral:

- New onset diabetes
- Inadequate glycemic control
- Change in treatment
- Other: _____

If new diagnosis, which method of plasma glucose measurement was used?

- A1c \geq 6.5%: _____

For Medicare Patients, only the following are accepted for diagnosis:

- Fasting blood glucose \geq 126 mg/dl on 2 separate occasions: _____ & _____
- 2 hour post-glucose challenge \geq 200 mg/dl: _____
- Random blood glucose \geq 200 mg/dl plus symptoms of hyperglycemia: _____

Type of Diabetes Education Services:

- Initial education, group unless special needs noted 10 hrs. or _____ hrs.
- Follow-up, individual education
- 2 hrs. or _____ hrs.

Education Content:

- Monitoring Diabetes Physical Activity
- Diabetes as Disease Process
- Psychological Adjustment
- Nutritional Management
- Medications Goal setting/problem solving
- Prevent, detect & treat acute complications
- Prevent, detect & treat chronic complications
- Preconception management

Interpreter Required? Y / N

Language: Spanish / Vietnamese

Other: _____

Special needs that could inhibit ability to participate in group training:

- None, can participate in group
- Poor vision
- Poor hearing
- Cognitive impairment
- Insulin Start
- Other: _____

Patient Information *Must be complete before patient is scheduled for education.*

♦Diabetes Medications/Dose:

♦Comorbidities or Complications:

♦Lab Values and Vital Signs:

Date		Result
	A1c:	
	Total Cholesterol:	
	Triglycerides:	
	HDL Cholesterol:	
	LDL Cholesterol:	
	Microalbuminuria:	
	Serum Creatinine:	
	Blood Pressure:	
	Weight (lb):	
	Height (in):	
	BMI:	