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Asheville (fax to 828-213-4877 or call 828-213-2222)     Marion (fax to 828-659-5439)     Spruce Pine (fax to 828-766-3779)

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

- Type 1, controlled                       Type 2, controlled                       Gestational                       Pre-diabetes
- Type 1, uncontrolled                       Type 2, uncontrolled                       Pre-existing DM in Pregnancy

Preferred language: \_\_\_\_\_ Type of interpreter needed: \_\_\_\_\_

**Services to be performed (check all that apply):** Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) are separate appointment types

1. **Comprehensive Diabetes Education** (Recommended by the ADA)  
 Initial DSMT **and** Initial MNT (1 h individual DSMT, 9 hrs group DSMT, 2 hrs individual MNT, 1h group MNT)

2. **Diabetes Classes only, no Medical Nutrition Therapy**  
 Initial DSMT only (1 hour individual DSMT, 9 hours group DSMT)  
**OR** request **only** these DSMT topics:  Overview  SMBG  Nutrition  Exercise  Medication  Goal Setting  
 Coping/Stress  Sick Days  Preventing Complications  Preconception/Pregnancy  
 = \_\_\_\_\_ total number of hours (if less than 10)

3. **Individual Diabetes Education due to group learning barrier**  
 Initial DSMT individual (10 DSMT topics taught 1:1) due to group learning barrier(s): \_\_\_\_\_

4. **Medical Nutrition Therapy only, no Diabetes Self-Management Training**  
 Initial MNT **only** (3 hours of individual MNT provided by RD, no DSMT)  
 Additional MNT (if patient needs more than 3 hours, indicate # extra hours needed: \_\_\_\_\_)  
 Change in medical condition, treatment or diagnosis: \_\_\_\_\_ )

5. **Diabetes Prevention**  
 Telephonic Diabetes Prevention Program (pre-diabetes only, only Asheville location) **\*Fax to 213-4647\***

6. **Clinical Pharmacy Services**  
 Medication management and education by Clinical Pharmacist Practitioner (CPP) under the supervision of an endocrinologist

7. **Gestational Diabetes Education**  
 Gestational Diabetes Education Classes (4 hrs group or individual DSMT)

8. **Insulin Pump and/or Continuous Glucose Monitor (CGM) Training**  
 Pre-Pump Assessment  
 New to Insulin Pump (Brand: \_\_\_\_\_ Model: \_\_\_\_\_)  
 Insulin Pump Upgrade (Brand: \_\_\_\_\_ Model: \_\_\_\_\_)  
 Continuous Glucose Monitor Training (Brand: \_\_\_\_\_ Model: \_\_\_\_\_)

9. **Annual Follow-Up Education (new referral required each year)**  
 Follow-Up DSMT **and** MNT (2 hours of group DSMT and 2 hours of individual MNT ordered each calendar year)  
 Follow-Up MNT **only** (2 hours of individual MNT ordered each calendar year)  
 Follow-Up DSMT **only** (2 hours of group DSMT ordered each calendar year)

Required Records Attached if not in Cerner:  Demographic sheet     Insurance information     Current medication list  
 Recent progress note     Labs (HbA1c, FLP, BMP, BP, BMI)

Physician's signature \_\_\_\_\_ UPIN #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
**(PAs, NPs, CPPs must have supervising physician sign this form)**

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MSJ-02525-140-0118



**Outpatient Diabetes Education Referral**

