



Diabetes Self Management Education Referral Form



Blount Discount Diabetes Education Center

131 Montgomery Ln • Maryville, TN • 37803 • (865) 681-9111 (phone) • (865) 681-8226 (fax)

Patient Name: _____ DOB: ____/____/____ Gender: Male Female

Address: _____

Home Phone: _____ Other Phone: _____ Social Security #: _____

Diabetes self-management education (DSME) is used to enhance patients' knowledge about diabetes. We seek to target barriers of optimal self-care and work with patients to overcome these barriers and empower them to make healthier decisions at home. As a part of the program, we will maintain communication via fax or phone of patient progress, goal-setting, etc.

Diabetes Self Management Education (DSME)

Initial group DSME: 10 hours
Annual Follow-up DSME: 2 hours
Medicare covers 10 hours of initial DSME for all patients with diagnosed diabetes mellitus, plus 2 hours follow up annually

Diagnosis

Type 1: _____ Type 2: _____
Diagnosis Code (ICD-10): _____

DSME Content

Please specify in which area patient needs the most education

Monitoring Diabetes	Diabetes as disease process
Psychological Adjustment	Physical Activity
Nutritional Management	Goal Setting, Problem Solving
Medications (Cost/Adherence)	Managing Acute Complications
Preventing Chronic Complications	

Complications and Comorbidities

Please specify any complications and/or comorbidities

Hypertension	Dyslipidemia	Stroke
Neuropathy	PVD	CHF
CKD	Retinopathy	Obesity
Non-healing wound	Pregnancy	Mental/affective d/o
Other:		

Please complete form and fax to **(865) 681-8226** along with **recent labs** for patient eligibility and outcomes monitoring.

Signature: _____ Date: ____/____/____

Group/Practice name, address and phone: _____