ECHN DIABETES SELF-MANAGEMENT PROGRAM

Phone: 860- 872-5150 **Central Scheduling Fax: 860- 474-1700**

☐ **GROUP EDUCATION CLASSES**
(Full program with Meal Planning included. For patients with no previous diabetes education) ***Maximum of 10 hours will be provided unless otherwise specified here: ___hours***

☐ **GESTATIONAL DIABETES (GDM)**
(Only for patients with GDM – 1 hour RN & RD Appointments)

☐ **MEDICAL NUTRITION THERAPY (MNT)**
(*For patients with DM or Pre-DM who only require this one service)* ***(1.5 hours initial plus additional follow-up prn) Referral must be signed by MD or DO. Non-physician practitioners may not order MNT services for Medicare pts.***

☐ **INDIVIDUAL EDUCATION CLASSES**
(Choose this for patients with learning barriers – see list below). ***Initial 1.5 hrs each with RN and with RD plus additional follow-up prn) will be provided unless otherwise specified here: _____***

☐ **INSULIN INSTRUCTION**
(Individual instruction for patients on insulin) ***(1-2 hours)***

☐ **EDUCATION REVIEW**
(For patients who are not new to DM but would benefit from a review – RN & RD Appointments) ***1 hour with RN and 1 hour with RD will be provided unless otherwise specified here: _____ hours (max of 2 hours)***

Patient Name: _____

Date of Birth: _____ Phone: _____ Insurance: _____

DIAGNOSIS / ICD-9 CODES (Please check applicable diagnosis)

✓	ICD-9	DESCRIPTION
		DIABETES
	250.00	DM Type 2, controlled
	250.01	DM Type 1, controlled
	250.02	DM Type 2, uncontrolled
	250.03	DM Type 1, uncontrolled
	790.29	Pre-DM (FBS 100 -125mg/dl) (AIC 5.7- 6.4%)
	648.83	Gestational DM
	648.03	Pregnancy complicated by pre-existing DM
	OTHER	

DSME/T Content to Be Covered

- Monitoring diabetes
- Psychological adjustment
- Nutritional management
- Medications
- Diabetes as a disease process
- Physical activity
- Goal setting, problem solving
- Prevent, detect, treat acute complications
- Preconception/pregnancy management or GDM (if applicable)
- Prevent, detect, treat chronic complications

Please indicate any existing barriers requiring individual classes:

☐ Impaired mobility
☐ Impaired vision
☐ Impaired hearing
☐ Impaired mental status/cognition
☐ Impaired dexterity
☐ Language barrier
☐ Eating disorder
☐ Learning disability
☐ Psychosocial issues
☐ Other (please specify)_____

PERTINENT MEDICATIONS:

I certify that I am managing this beneficiary's diabetes and that the above prescribed training is a necessary part of management. (Medicare pts)

_____

Physician Signature **Date**

PRINT Name of Physician: _____UPIN: _____

✶Please attach any pertinent labs and/or related medical history.

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TIPS FOR COMPLETING REFERRAL FORM

IF PATIENT IS:	THEN REFER FOR:
New to DM with ***no*** learning barriers	Group Education Classes
Patient with DM with no previous DM education	Group Education Classes
New to DM ***with*** learning barriers	Individual Education Classes
Patient with DM or Pre-DM who needs instruction on Medical Nutrition Therapy only (NO RN appointment)	MNT
Patient new to insulin therapy	Insulin Instruction
Patient currently on insulin therapy where comprehension/technique is uncertain	Insulin Instruction
Gestational Diabetic	GDM
Patient with uncontrolled DM (***not*** a new diagnosis)	Education Review
Patient with history of DM who would benefit from education review	Education Review
Any patient with DM who is due for annual review of DM education topics	Education Review
Pre-DM with Medicare/Medicaid	Refer for Free Group Class *(offered quarterly) Call 860-647-6824 for more info*
Pre-DM with private insurance	MNT *(covered by most insurances)*

✶If you are unsure which to choose and patient has never received previous education, choose Group Education Classes.

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