

**REFERRAL FORM: DIABETES SELF-MANAGEMENT EDUCATION (DSME)**

**PLEASE FAX COMPLETED ORDER to: (252) 946-8430, ATTN: Anna Parker, BSPH**

**\*\*PLEASE ATTACH MEDICATION LIST AND ALL RELEVANT PHYSICIAN NOTES WITH THIS REFERRAL\*\***

<b>PATIENT DATA:</b> Name: Phone: > Insurance type: > Does patient have clearance to exercise? YES NO > Date of Birth:	<b>PROVIDER DATA:</b> Name: Practice: > NPI: Phone: Fax: > Email: > Signature: > Date:
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<b>DIABETES DIAGNOSIS:</b> <input type="checkbox"/> Type 1, controlled <input type="checkbox"/> Gestational <input type="checkbox"/> Type 1, uncontrolled <input type="checkbox"/> Pre-existing DM with pregnancy <input type="checkbox"/> Type 2, controlled <input type="checkbox"/> Type 2, uncontrolled	<b>EDUCATION NEEDED:</b> <input checked="" type="checkbox"/> Comprehensive Self-Management Skills <input type="checkbox"/> Medication Instruction <input type="checkbox"/> Additional Insulin Training <input type="checkbox"/> Self blood glucose monitoring <input checked="" type="checkbox"/> Medical Nutrition Therapy <input type="checkbox"/> Gestational Diabetes Education
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**INDICATE ANY BARRIERS REQUIRING CUSTOMIZED EDUCATION:**

Impaired mobility     Impaired Vision     Impaired hearing     Impaired dexterity     Language barrier     Impaired mental status/cognition  
 Eating Disorder     Learning Disability (specify): \_\_\_\_\_     Other (specify): \_\_\_\_\_

**INDICATE REASON FOR REFERRAL:**

Recurrent Hyperglycemia     Recurrent Hypoglycemia     Change in DM treatment regimen     High risk due to DM complications/comorbidities

**DIAGNOSIS:**

FOR MEDICARE: ♦ = Medicare prefers 5 digit T1, T2 diabetes code for diagnosed manifestation, state of disease/condition or other clinical detail.  
 ■ = If on insulin, must add additional dx code Z79.4 (long term or current insulin use)  
 \* = Medicare prefers additional diagnosis code for any associated underlying condition(s).

E10.1♦	Type 1 DM w ketoacidosis	E11.0♦	Type 2 DM w hyperosmolarity	E11.69■	Type 2 w other specified complic	Z68.3■*	BMI 30.0 - 30.9, adult, ≥15 y/o
		E11.2♦	Type 2 w kidney complications	E11.8♦	Type 2 w unspecified complic	N18.3	CKD, stage 3
E10.2♦	Type 1 w kidney complicat	E11.3♦	Type 2 w ophthalmic complicat	E11.9♦	Type 2 w/o complications	N18.4	CKD, stage 4
						N18.5	CKD, stage 5
E10.3♦	Type 1 w ophthalmic complic	E11.4♦	Type 2 w neurological complicat	E13♦	Other specified diabetes	E66.0♦	Obesity due to excess calories
		E11.5♦	Type 2 w circulatory complicat	E15♦	Non-DM hypoglycemic coma	E66.01	Morbid obesity due to excess cal
E10.4♦	Type 1 w neurologic complic					E66.3	Overweight
		E11.6♦	Type 2 w other specified complic	E16♦	Other disorders of pancreatic internal secretion	T85♦*	Complications, internal prosthetic devices, implants, grafts
E10.5♦	Type 1 w circulatory complic	E11.64■	Type 2 w hypoglycemia	O24.410	GDM in pregn, diet controlled	Z3A♦	Gestation, pregnancy: wks =
E10.6♦	T1 w other specified complic	E11.65■	Type 2 w hyperglycemia	O24.41■	GDM in pregnancy	Z71.3*	Dietary counseling & surveillance
E10.8♦	T1 w unspecified complicat	Z79.4	Long term/current insulin use	O24.01■	Pre-existing DM, T1, in pregn	Z94.0*	Kidney transplant status
E10.9♦	Type 1 w/o complications			O24.11■	Pre-existing DM, T2, in pregn	OTHER:	

**LAB RESULTS:**

Lab:	Results:	Date:
FBG		
Hgb A1c		
Micro-albumin		
Total Cholesterol		
HDL		
LDL		
Triglycerides		
Blood Pressure		
Weight		
Height		

Please fill out this form entirely.  
 Contact Anna Parker if you have any questions regarding the Diabetes Self-Management Program or the referral form.  
 252-940-5096  
 Anna.parker@bchd.net