

**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\*\***

PATIENT DATA:	PROVIDER DATA:
Name:	Name:
Phone:	Practice:
➤ Insurance type:	➤ NPI: <span style="float: right;">Phone: <span style="float: right;">Fax:</span></span>
➤ Does patient have clearance to exercise?    YES    NO	➤ Email:
➤ Date of Birth:	➤ <b>Signature:</b> <span style="float: right;">➤ Date:</span>

**EDUCATION NEEDED:**

Comprehensive Self-Management Skills  
  Medication Instruction  
  Self blood glucose monitoring  
  Additional Insulin Training  
 Gestational Diabetes Education  
  Medical Nutrition Therapy

**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:**

E10.10	Type 1 DM w ketoacidosis	E11.00	Type 2 DM w hyperosmolarity	E13.9	Other specified diabetes	Z94.0	Kidney transplant status
E10.29	Type 1 w diabetic kidney compl	E11.29	Type 2 w kidney complications	O24.01	Pre-existing DM, T1, in pregn	N18.3	CKD, stage 3
E10.39	Type 1 w ophthalmic complicat	E11.39	Type 2 w ophthalmic complicat	O24.11	Pre-existing DM, T2, in pregn	N18.4	CKD, stage 4
E10.49	Type 1 w neurological complicat	E11.49	Type 2 w neurological complicat	O24.119	Pre-existing T2, DM, in pregnancy	N18.5	CKD, stage 5
E10.59	Type 1 w circulatory complicat	E11.59	Type 2 w circulatory complicat	O24.410	GDM in pregnancy, diet controlled	E66.9	Obesity unspecified
E10.64	Type 1 DM with hypoglycemia	E11.62	Type 2 DM w skin complications	O24.414	GDM in pregnancy, insulin controlled	E66.01	Morbid obesity due to excess cal
E10.65	Type 1 DM with hyperglycemia	E11.64	Type 2 DM with hypoglycemia	O24.415	GDM in preg, oral hypoglycemics controlled	E66.3	Overweight (BMI 25.0-29.9)
E10.69	T1 w other specified complicat	E11.65	Type 2 DM w hyperglycemia			OTHER:	
E10.8	T1 w unspecified complicat	E11.69	Type 2 w other specified complic	Z3A	Gestation, pregnancy: wks =	:	
E10.9	Type 1 w/o complications	E11.8	Type 2 w unspecified complicat	Z68.3	BMI 30.0 - 30.9, adult, >15 y/o	Z79.4	Long term/current insulin use <b>***this code must be selected if pt. is on insulin***</b>
O24.019	Pre-existing T1, DM in pregn	E11.9	Type 2 w/o complications	Z71.3	Dietary Counseling	<b>For MEDICARE ONLY, select at least one of the following</b>	
						E11.649	Type 2 w hypoglycemia
						E10.649	Type 1 w hypoglycemia
						E11.628	Type 2 DM w other skin conditions
						E11.319	Type 2 DM w unspecified retinopath

**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