QUICK REFERRAL TO DIABETES EDUCATION



NMC health

PO Box 308 | Newton, KS 67114

PATIENT INFORMATION

Birthdate://	Gender: Male _	Female
Patient's Last Name	First Name	Middle Initial
Home Phone	Work Phone	Other
Type of Diabetes: (Select all applicable) □ DM Type I □ DM Type II □ Gestational Diabetes Complications □ Hyperglycemia □ Hypoglycemia □ Skin Ulcer/gangrene □ Macular edema Other □ E11.329 Background diabetic retinopathy □ O24.319 Pregnancy (Known DM)	Use of Insulin ☐ Long term, ☐ Not using ☐	s ny ly thy vascular disease ! /current use of insulin
O99.810 Abnormal glucose tolerance comp	•	•
*Signature and UPIN#		/// *Date
DIABETES SELF-MANAGEMENT TRAINING (* Check type of training services and number of All 10 content areas as appropriate □ Diabetes as disease process □ Psychological adjustment □ Prevent, detect & treat acute complications □ Diabetes self-management support □ Preconception/pregnancy management or g	hours requested Monitoring diab Nutritional mana Goal setting, pr Prevent, detect Other gestational diabetes manage	agement
*PATIENTS WITH SPECIAL NEEDS REQUIRING *Check all special needs that apply ☐ Vision ☐ Hearing ☐ Physical ☐ Cognic Has patient participated in formal diabetes educa *When the "Quick Referral to Diabete	tive Impairment ☐ Langua	ted (mo/year)
Quick Include a face sheet, last office visit note (A ₁ C, Lipids, BMP and Urine for microalbumin, Referral to Diabetes Education Page 1 of 1		Patient Label

Doc ID: 6566 Published Date: 2/24/2021 8:07:51 AM