QUICK REFERRAL TO DIABETES EDUCATION

QRDE

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

DIAGNOSIS

** Please send recent labs for patient eligibility and outcomes monitoring*

Type of Diabetes: ***(Select all applicable)***

- ☐ DM Type I
- ☐ DM Type II
- ☐ Gestational Diabetes

Complications

- ☐ Hyperglycemia
- ☐ Hypoglycemia
- ☐ Skin Ulcer/gangrene
- ☐ Macular edema

Manifestations

- ☐ Retinopathy
- ☐ Neuropathy
- ☐ Nephropathy
- ☐ Peripheral vascular disease

Use of Insulin

- ☐ Long term/current use of insulin
- ☐ Not using insulin

Other

- ☐ E11.329 Background diabetic retinopathy
- ☐ E11.359 Proliferative diabetic retinopathy
- ☐ O24.319 Pregnancy (Known DM)
- ☐ E88.81 Dysmetabolic syndrome X
- ☐ O99.810 Abnormal glucose tolerance complicating pregnancy (gestational diabetes)

_____/_____ _____/_____/_____
*Signature and UPIN# *Date

DIABETES SELF-MANAGEMENT TRAINING (DSMT) CONTENT

** Check type of training services and number of hours requested*

- ☐ 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 gestational diabetes management
- ☐ Monitoring diabetes
- ☐ Nutritional management
- ☐ Goal setting, problem solving
- ☐ Prevent, detect & treat chronic complications
- ☐ Other _____
- ☐ Physical activity
- ☐ Medications

*PATIENTS WITH SPECIAL NEEDS REQUIRING DSMT

**Check all special needs that apply*

☐ Vision ☐ Hearing ☐ Physical ☐ Cognitive Impairment ☐ Language Limitations ☐ Other_____

Has patient participated in formal diabetes education? ☐No ☐Yes, completed (mo/year) _____

***When the "Quick Referral to Diabetes Education" is completed and signed, please fax to 316-804-6148.**

Quick ***Include a face sheet,*** **last** ***office visit notes and lab results (A$_1$C, Lipids, BMP and Urine for microalbumin, if available)***

Patient Label