

## Diabetes Self-Management Education Referral

Diabetes self-management education and support (DSMES) services offer a series of sessions with a diabetes educator who will empower you to find practical solutions that fit your personal needs to self-manage your diabetes. It is recommended at various points in your journey living with diabetes.

Date: \_\_\_\_\_

Referring Provider Name and National Provider Identifier: \_\_\_\_\_

Patient's Primary Care Provider: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Diabetes

- Type 1 Diabetes                       Type 2 Diabetes                       Gestational Diabetes  
 Pre-Existing Diabetes in Pregnancy       Prediabetes  
 Diagnosis code (please specify): \_\_\_\_\_

### Referral For:

- Initial Comprehensive Diabetes Self-Management Training (DSMT)\*  
 DSMT: Follow-up  
 Medical Nutrition Therapy (MNT)\*\* Initial  
 MNT: Follow-up  
 Diabetes Prevention Program (DPP)  
 Specific topics and hours if needs vary above: \_\_\_\_\_

\*DSMT can be ordered by an MD, DO, or mid-level provider managing the participant's diabetes.

\*\*MNT must be ordered by an MD or DO managing the participant's diabetes.

### Indicate any barriers to group learning or additional insulin training requiring hours of 1:1 training:

- Impaired mobility                       Impaired vision                       Impaired hearing  
 Impaired dexterity                       Impaired mental status/cognition       Language barrier  
 Eating disorder 1:1                       Learning disability or other  
 Insulin training                      (please specify): \_\_\_\_\_

I hereby certify that I am managing this beneficiary's diabetes condition and that the above prescribed training is a necessary part of management:

\_\_\_\_\_ Date: \_\_\_\_\_