

Know **Diabetes** by **Heart**™

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 and National Provider Identifier: _____

Participant's Provider: _____

DOB: _____ Phone #: _____

Diabetes Diagnosis

- Type 1 Type 2 Gestational
 Pre-Existing DM with Pregnancy Prediabetes

Referral For:

- Initial Comprehensive Diabetes Self-Management Training (DSMT)* – 10 hours and all 9 topics
 DSMT: Follow-up – 2 hours
 Medical Nutrition Therapy (MNT)** Initial – 3 hours
 MNT: Follow-up – 2 hours
 Specific topics and hours if needs vary above: _____

*DSMT can be ordered by an MD, DO or midlevel provider managing the participant's diabetes.

**MNT must be ordered by 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 Learning disability or other (please specify): _____
 1:1 Insulin Training
 1:1 Training by telehealth due to COVID-19 National Emergency (maximum 10 hours of initial comprehensive DSMT)

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: _____