

## DIABETES SELF-MANAGEMENT EDUCATION REFERRAL FORM

(Physical Activity/Medication/Nutrition/Problem Solving/Acute & Chronic Complications/Insulin/Pumps/CGM/Carb Counting)

**(Insurance verification must be completed by referring physician's office before faxing referral to UT Physicians. Completed by \_\_\_\_\_ initials please)**

**Please check which UT PHYSICIANS LOCATION to Perform Diabetes Education (Must select 1 location)**

- |                                                   |                                      |                                                  |
|---------------------------------------------------|--------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Bellaire Family Medicine | <input type="checkbox"/> Cinco Ranch | <input type="checkbox"/> Multispecialty – Sienna |
| <input type="checkbox"/> The Heights              | <input type="checkbox"/> Greenspoint | <input type="checkbox"/> Bayshore                |

(Follow our website for the phone or fax number at the selected location)

<https://www.utphysicians.com/specialty/certified-diabetes-educator/>

888-4UT-DOCS

**Date:** \_\_\_\_\_ **Patient's Name:** \_\_\_\_\_

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

**ICD 10 Diabetes Diagnosis:** \_\_\_\_\_

- |                                                         |                                               |                                             |
|---------------------------------------------------------|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Type 1, controlled             | <input type="checkbox"/> Type 1, uncontrolled | <input type="checkbox"/> Type 2, controlled |
| <input type="checkbox"/> Type 2, uncontrolled           | <input type="checkbox"/> Gestational          | <input type="checkbox"/> Pre-diabetes       |
| <input type="checkbox"/> Pre-Existing DM with Pregnancy |                                               |                                             |

**Education Type:**

- |                                                                                                           |
|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Initial Comprehensive Diabetes Self-Management Education (DSME) = up to 10 hours |
| <input type="checkbox"/> Follow-up = 2 hours                                                              |

**Specific Topics to be covered (if applicable):** \_\_\_\_\_

**Indicate any barriers to learning so that we may better serve you (If applicable):**

- |                                             |                                             |                                           |
|---------------------------------------------|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Impaired mobility  | <input type="checkbox"/> Impaired vision    | <input type="checkbox"/> Impaired hearing |
| <input type="checkbox"/> Impaired dexterity | <input type="checkbox"/> Impaired cognition | <input type="checkbox"/> Language barrier |

**Referring Provider's Signature:** \_\_\_\_\_

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

**Office Phone:** \_\_\_\_\_ **Office Fax:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_

**Recognized by the American Diabetes Association**