



Lifespan Cardiovascular Institute

Rhode Island Hospital • The Miriam Hospital
Newport Hospital

Delivering health with care.®

Vanderbilt Rehabilitation Center at Newport Hospital

Phone: 401-845-1196 • Fax: 401-845-1657

Diabetes Outpatient Education Referral

Referral Available in LifeChart for Lifespan Physicians Under Procedure 94200045

PATIENT _____ DOB ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

DIABETES SELF-MANAGEMENT EDUCATION/TRAINING (DSME/T): Initial group DSME Follow-up DSME/T
Check type of training services and number of hours requested

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply

- Group not available
- Vision impairment
- Hearing impairment
- Language limitations
- Other

DIAGNOSIS

Please check the applicable diagnosis below:

Type 1

- __ E10.9
- __ E10.65

Type 2

- __ E11.9
- __ E11.42 (neuralgia/polyneuropathy)
- __ E11.65

Pre-diabetes

- __ R73.09

Please send recent labs for eligibility & outcomes

Your patient will receive:

- nine hours of professional instruction taught by a nurse, dietitian and pharmacist, who are certified diabetes educators
- education for the self-management skills required to achieve blood glucose control and to make the behavior changes necessary to live a healthy lifestyle

Topics include:

- Monitoring Your Blood Glucose; Interpreting and Using the Results
- Prevention, Detection and Treatment of Chronic Complications
- Incorporating Nutritional Management into Your Lifestyle
- Incorporating Physical Activity into Your Lifestyle
- Prevention, Detection and Treatment of Acute Complications
- Diabetes Disease Process and Treatment Process
- Using Your Medications Safely
- Strategies to Address Psychosocial Issues
- Pregnancy and Diabetes/ Gestational Diabetes
- Strategies to Promote Health/ Change Behavior

Staff will provide you with the patient's progress and outcomes at the conclusion of the program.

NAME OF PHYSICIAN (PLEASE PRINT) _____ PHONE _____ FAX _____

DATE _____ TIME _____ NPI _____ MD SIGNATURE _____