



**Lifespan Cardiovascular Institute**

Rhode Island Hospital • The Miriam Hospital  
Newport Hospital

*Delivering health with care.®*

**The Center for Cardiac Fitness at The Miriam Hospital**

208 Collyer Street, 2nd Floor, Providence, RI 02904

Phone: 401-793-5810 • Fax: 401-793-5815

# 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 \_\_\_\_\_