

## Sweetwater County Diabetes Self-Management Education/Training Referral Form

\_\_\_\_\_  
Patient's Last Name                      First Name                      Middle

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_                      Gender: \_\_\_\_Male      \_\_\_\_Female

\_\_\_\_\_  
Address                      City                      State                      Zip Code

\_\_\_\_\_  
Home Phone                      Other Phone                      E-Mail Address

\_\_\_\_\_  
Provider Name                      Phone                      Fax

### Clinical Data

HbA1C \_\_\_\_\_ TC \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_ TG \_\_\_\_\_ BP \_\_\_\_\_ Creatinine \_\_\_\_\_

Glucose Tolerance Test: Fasting \_\_\_\_\_ 1hr \_\_\_\_\_ 2hr \_\_\_\_\_ 3hr \_\_\_\_\_ mg/dl

### Referral For:

\_\_\_\_ Initial Diabetes Self-Management (DSME) (never received DM education)

\_\_\_\_ DSME Follow-up (after client has had DSME education) (2 hours available annually)

Special Considerations: \_\_\_\_ Visual \_\_\_\_ Hearing \_\_\_\_ Language \_\_\_\_ Physical Disabilities

### Diagnosis:

### Co-Morbidities:

____ Type 1 Diabetes	E10.9	____ Neuropathy
____ Type 1 Diabetes Uncontrolled	E10.65	____ Nephropathy
____ Type 2 Diabetes	E11.9	____ Retinopathy
____ Type 2 Diabetes Uncontrolled (HbA1C>8.5%)	E11.65	____ Gastroparesis
____ Pre-Diabetes	R73.09	____ CHF
____ Dyametabolic Syndrome X	E88.81	____ Hyperlipidemia
____ Reactive or fasting Hypoglycemia	E16.2	____ Hypertension
		____ Foot or heel ulcer
		____ Toe ulcer

\_\_\_\_\_/\_\_\_\_\_  
Provider Signature                      date

Please attach a copy of insurance card

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return to: Sweetwater County Community Nursing Service 333 Broadway, Rock Springs, WY (307)922-5390  
or Fax to (307)922-5496