

Diabetes Self-Management Education Program



Macon County
Public Health

An educational program for people diagnosed with Type 2 and Gestational diabetes.

Program Overview:

- Two, one-hour individual meetings with a Registered Dietitian (one initial assessment and one, 3 month follow up after the last group session).
- Two, four-hour group sessions of education on healthy eating, being active, blood sugar monitoring, medications, healthy coping, and reducing risk for complications.

Fees:

- The program is covered by many insurance providers and is offered on a sliding fee scale for those without insurance.

How to enroll:

1. You must have a diagnosis of diabetes or pre-diabetes
2. Have your doctor complete the referral form, including Hemoglobin A1c test
3. Mail, drop off, or fax referral to Macon County Public Health
4. We will call you to schedule an appointment

What you will need:

- At first individual session:
 - Medication list
 - Blood sugar log
- At each class:
 - Medication updates
- At 3 month follow up visit:
 - Medication updates
 - New Hemoglobin A1c test results from doctor

For more information, contact:

Jennifer Trippe, RD, LDN
Macon County Public Health
(828) 349-2086 or Fax (828) 524-6154
jtrippe@maconnc.org

**Diabetes Self-Management Program
REFERRAL FORM**

Patient's name: _____ DOB: _____ Health Insurance _____

SS#: _____ Phone #: _____ Today's Date: _____

Diabetes Diagnosis:

Diagnosis Code: _____

- Type 1, controlled Type 1, uncontrolled Type 2, controlled Type 2, uncontrolled
 Gestational Diabetes Pre-Existing DM with Pregnancy Pre-diabetes

Current Treatment:

- Diet & Exercise Oral Agents: _____ Insulin _____

Indicate one or more reason for referral:

- Recurrent elevated blood glucose levels
 Recurrent Hypoglycemia
 Change in DM treatment regimen
 High risk due to Diabetes Complications/Co-morbid conditions:
 Retinopathy Neuropathy Nephropathy Gastroparesis Hyperlipidemia
 Hypertension Cardiovascular disease Other _____

Height: _____

Weight: _____

Blood Pressure: _____

Recent Labs:

- | | |
|---|-------------|
| <input type="checkbox"/> FBG: _____ | Date: _____ |
| <input type="checkbox"/> HgbA1C: _____ | Date: _____ |
| <input type="checkbox"/> Micro-albumin: _____ | Date: _____ |
| <input type="checkbox"/> Total Cholesterol: _____ | Date: _____ |
| <input type="checkbox"/> HDL: _____ | Date: _____ |
| <input type="checkbox"/> LDL: _____ | Date: _____ |
| <input type="checkbox"/> Triglycerides: _____ | Date: _____ |

Education Needed:

- Comprehensive Self-Management Skills (group)
 Comprehensive Self-Management Skills (individual sessions)
 Insulin Instruction Basic Nutrition Management
 Medical Nutrition Therapy (MNT) Self blood glucose monitoring
 Management of Diabetes during Pregnancy/Gestational Diabetes Education
 Insulin Pump Instruction

Indicate any existing barriers requiring customized education:

- Impaired mobility Impaired vision Impaired hearing Impaired dexterity
 Language barrier Impaired mental status/cognition Eating disorder
 Learning disability (please specify): _____
 Other (please specify): _____

I hereby certify that I have seen the beneficiary and assessed his/her Diabetes condition and that the above prescribed training is a necessary part of management. (Medicare patients)

Providers' Signature: (Required) _____

Provider's Name (Printed): _____ Telephone _____

<p>Macon County Public Health Center Fax Referral Form to: (828) 524-6154 Questions: Jennifer Trippe, RD, LDN: (828) 349-2086</p>
--