



Macon County  
Public Health

# Diabetes Self-Management Education Program

**An educational program for people diagnosed with  
Diabetes, gestational diabetes, or pre-diabetes**

## Program Overview

**Two** Individual meetings with a Registered Dietitian

- Full Assessment
- Personalized Treatment Plan
- Follow-up after the group sessions

**Two** Group sessions (4-Hours Each)

- Healthy Eating
- Healthy Coping
- Blood Sugar Monitoring
- Medications
- Being Active
- Reducing Risk For Complications

## Cost

This program is covered by many insurance providers. A sliding fee scale is offered for those without insurance.

## How to enroll

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

## What to bring to your 1<sup>st</sup> Individual Session

- Medication list
- Blood sugar log

***For more information, contact:***

**Jessi Bassett, RD, LDN**

**Macon County Public Health**

**(828) 349-2086 or Fax (828) 524-6154**

**[jbassett@maconnc.org](mailto:jbassett@maconnc.org)**

## Diabetes Self-Management Program REFERRAL FORM

Patient's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Health Insurance: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone #: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Diabetes Diagnosis (Please Check 1 Box) → Diagnosis Code(s):**

Type1, controlled      Type1, uncontrolled      Type 2, controlled      Type 2, uncontrolled  
Gestational Diabetes      Pre-Existing DM with Pregnancy      Pre-diabetes

**Current Treatment(s):**

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 \_\_\_\_\_

**Recent Labs:**

LAB		mm/dd/yy	LAB		mm/dd/yy
FBG:		Date:	↑ HDL:		Date:
↑ HgbA1C:		Date:	↑ LDL:		Date:
↑ Micro-albumin:		Date:	↑ Triglycerides:		Date:
↑ Total Cholesterol:		Date:	Blood Pressure:		Date:

**Education Needed:**

- Comprehensive Self-Management Skills (group)
- 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 Barriers (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 (Please Print): \_\_\_\_\_  
Contact Telephone: \_\_\_\_\_

**Macon County Public Health Center**

Contact: Jessi Bassett, RD, LDN  
Phone: (828) 349-2086  
Fax Referral To: (828) 524-6154



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