

Diabetes Self-Management Education Program



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

Macon County
Public Health

Program Overview:

- Two, one-hour individual meetings with a Registered Dietitian (one initial assessment and one 3-month follow up after 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

Jessi Bassett, RD, LDN Macon County Public Health

(828) 349 2086 / FAX (828) 524 6154 or Jbassett@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:

FBG: _____	Date: _____
HgbA1C: _____	Date: _____
Micro-albumin: _____	Date: _____
Total Cholesterol: _____	Date: _____
HDL: _____	Date: _____
LDL: _____	Date: _____
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 _____

Macon County Public Health Center

Fax Referral Form to: (828) 524-6154

Questions: Jessi Bassett, RD, LDN: (828) 349-2086

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