

Diabetes Self - Management Education Program

For adults diagnosed with Type 2 diabetes and their
family members or friends.



Macon County
Public Health

Program Overview:

- Two one hour individual meetings with Dietitian, one initially and one 3 months after last group session.
- Two four hour group sessions of education on healthy eating, being active, checking blood sugars, medications, healthy coping, and reducing risk for complications.

Fees:

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

How to enroll:

1. Obtain diagnosis of diabetes or pre-diabetes
2. Have your doctor complete referral form, including Hemoglobin A1c test results
3. Mail, drop off, or fax referral to Macon County Public Health Center
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:

Melanie Batchelor, RD, LDN
Macon County Public Health Center
1830 Lakeside Drive
Franklin, NC 28734
Phone: 349 - 2440
Fax: 524 - 6154

**Diabetes Self Management Program
REFERRAL FORM**

Patient's name: _____ SS#: _____ Health Insurance _____

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

Diabetes Diagnosis:

Diagnosis Code:

- Type 1, controlled Type 1, uncontrolled Type 2, controlled Type 2, uncontrolled
 Gestational 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 _____

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 am managing this beneficiary's 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: Melanie Batchelor, RD, LDN: (828) 349-2081**