

PMSI Diabetes Education Referral

PATIENT INFORMATION

Name: _____	Date of Birth: _____
Address: _____	Location Preference:
City _____ Postal Code _____	_____ Brookside _____ Boyertown
Contact Phone: _____ Other _____	_____ Collegeville _____ Spring-Ford

This patient is recommended for **Comprehensive Diabetes Self-Management** education based on the following criteria:

- | | |
|--|---|
| <input type="checkbox"/> Type 1 controlled | <input type="checkbox"/> Type 1 uncontrolled |
| <input type="checkbox"/> Type 2 controlled | <input type="checkbox"/> Type 2 uncontrolled |
| <input type="checkbox"/> New Onset | <input type="checkbox"/> Inadequate glycemic control with variability |

This patient is also recommended to wear a continuous glucose monitor (CGM) to help with making decisions in treatment and assist patient with self management skills for living with diabetes..

HEALTHCARE PROVIDER INFORMATION

Name: _____	Signature: _____
Practice: _____	Phone: _____
Address: _____	Fax: _____
City _____ Postal Code _____	

Insurance Information:

DIABETES EDUCATION CONTACT INFORMATION

Chris Yocom, DM Educator, DPP Coach 484-252-3310 cyocom@pmsiforlife.com	Debbie Zlomek, RN, CDCES 484-318-0566 dzlomek@pmsiforlife.com	Amanda Kulp, MA 484-318-6562 akulp@pmsiforlife.com
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**PLEASE PROVIDE MOST RECENT LABS, MEDICATIONS
AND CHART NOTES**