PMSI Diabetes Education Referral

PATIENT INFORMATION

Name: _____

Address: _____

City_____ Zip Code_____

Home Phone:_____

Cell Phone:_____

Date of Birth:_____

Location Preference:

_____ Brookside _____ Boyertown

_____ Collegeville _____ Spring-Ford

_____ Stowe

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

_____ Type 1 controlled

_____ Type 2 controlled

_____ New Onset

_____ Type 1 uncontrolled

_____ Type 2 uncontrolled

_____ 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: _____

Practice: _____

Address: _____

City_____ Postal Code _____

Signature: _____

Phone:_____

Fax:_____

Insurance Information:

DIABETES EDUCATION CONTACT INFORMATION

Faith Schlegel, BSN, RN, CDCES
484-252-1589
fschlegel@pmsiforlife.com

Debbie Zlomek, MSN, RN, CDCES
484-318-0566
dzlomek@pmsiforlife.com

Amanda Kulp, NRCMA
484-318-6562
akulp@pmsiforlife.com

Pottstown Medical Specialists, PMSI
351 W. Schuylkill Road, Coventry Square, Suite 13
Pottstown, PA 19465
Phone: 610-906-3499 Fax: 610-327-8160

PLEASE PROVIDE MOST RECENT LABS, MEDICATIONS AND CHART NOTES