

PMSI Diabetes Education Referral

PATIENT INFORMATION

Name: _____	Date of Birth: _____
Address: _____	Location Preference: ___ Stowe
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 glycemc 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

Contact our scheduler, Amanda Kulp, MA at 484-318-6562 or akulp@pmsiforlife.com to have your patient scheduled with one of our Certified Diabetes Care and Education Specialists.

PLEASE PROVIDE MOST RECENT LABS, MEDICATIONS, AND CHART NOTES

Pottstown Medical Specialists, PMSI
351 W. Schuylkill Road, Coventry Square, Suite 13
Pottstown, PA 19465
Phone: 610-327-4200 Fax: 610-327-8160