



My Diabetes Tutor Referral Form

Telehealth Diabetes Education

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Website: www.mydiabetestutor.com

PLEASE SEND COPY OF DEMOGRAPHICS AND INSURANCE CARDS

Participant's Name _____ DOB _____

Phone _____ Email (Required) _____

Gender: Male / Female Referring Physician/ NPI _____

Office # _____ Fax # _____

Insurance (Circle One): Self-Pay OR PPO Plan OR Medicare

Diagnosis:

Pre-Diabetes Type 1 Type 2 Gestational Pre-Existing DM with Pregnancy

Referral For:

Initial Comprehensive Diabetes Self-Management Training (DSMT)- 10 Hours (Includes following topics): Session 1: Life with Diabetes Session 2: Preventing Complications

Session 3: What to Eat Session 4: Understanding Medications

Session 5: Staying Healthy for a Lifetime

Diabetes Follow up- 2 hours

Pre-Diabetes

Gestational Diabetes

Medical Nutrition Therapy Session Includes Session 3- 3 hours

Follow-up Session for Diet Re-Evaluation 2 hours

Specific Topics and Hours if needs vary from above: _____

Indicate any barriers to group learning or additional training: _____

The above prescribed training is a necessary part of my management.

Physicians Signature _____ Date _____