

DIABETES EDUCATION REFERRAL FORM

Bon Secours St. Francis Hospital Diabetes Treatment Center

Patient's Name _____ Home/Cell# _____

Address: _____ DOB ____/____/____ M / F Insurance _____

SS# ____-____-____ **Diagnosis:** _____ Language: _____

Blood Glucose Results: _____ HbA1c _____ Date of HbA1c _____

Ph: 843-402-1966 / Fax: 843-402-1236

Diabetes Services

Diabetes Comprehensive Class - offered weekly

- One 4-hour session designed for patients who are newly diagnosed, poorly controlled, or who need comprehensive review.
- Covers pathophysiology, nutrition / dietary management, blood glucose monitoring, oral medications, insulin administration, exercise, and complication prevention.
- Patient will also be scheduled to attend Refresher Class as a follow-up to Comprehensive Class.

Diabetes Refresher Class - offered weekly

- 2-hour class designed for patients who have had previous Diabetes education and need follow-up.
- Covers carb counting, glucose monitoring, and individual goals of the patients.

Gestational Diabetes Class - offered weekly

Weeks Gestation: _____ / **Ht:** _____ / **Wt:** _____ / **Pre-Pregnancy Wt:** _____

- 2-hour class designed for pregnant women diagnosed with Gestational Diabetes.
- Covers pathophysiology, nutrition / dietary management, blood glucose monitoring, exercise, and complication prevention.

Nutrition Counseling

1-on-1 session with a Registered Dietitian:

Overweight / Obesity / Pre-DM

Hyperlipidemia

DM (patient inappropriate for group class)

Renal disease (non-dialysis)

Other: _____

➤ Physician's Signature _____ Date _____

Please PRINT or Stamp Physician's name _____

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