

Camden DSME Consultation Request

Please complete entire form and see bottom for FAX instructions



Camden Citywide
Diabetes Collaborative
Camden Coalition of Healthcare Providers

Today's Date: _____

I. PATIENT INFO

Name: _____ DOB: ____ / ____ / ____

Address: _____ Home Phone: (____) _____

_____ Cell Phone: (____) _____

Language: English Spanish Accommodation for Disability: _____

II. EDUCATION NEEDED

Diabetes Self Management Education

___ Diabetes Self Management Education (DSME)

___ Insulin Instruction - Only available at Osborn ABC or Virtua (please attach insulin instructions)

New Review Intensive (Insulin to Carb Ratio, Insulin Sensitivity Factor)

Group Individual (reason) _____

Healthy Nutrition Education for all people (If person has diabetes, must first attend DSME)

Reason/Need for Diabetes Education:

New onset diabetes

A change in treatment regimen

___ No medication to diabetes/multiple medications

___ From oral diabetes agents to insulin (please attach medication list)

Inadequate glycemic control

___ HbA1c >8.5% on 2 consecutive A1c tests

___ Documented acute episodes of severe hypoglycemia or hyperglycemia during the past year, which resulted in ED visit or hospitalization

High-risk

___ Lack of feeling in the foot or foot complications

___ Retinal changes, pre-proliferative or proliferative retinopathy

___ Kidney complications related to diabetes

Other _____

III. HEALTH INFO

Diagnosis:

Type 2 250.02 Pregnancy 648.0 Hypertension 401.1 Retinopathy 362.10

Type 1 250.01 Gastroparesis 250.6 Neuropathy 355.9 Hyperlipidemia 272.0

Hypoglycemia 250.80 Nephropathy 581.9 Sleep Apnea 780.57 Gestational Diab. 648.8

Recent Labs (complete or attach):

HbA1c _____ % Date: _____

Cholesterol _____ Date: _____

LDL _____ Date: _____

HDL _____ Date: _____

TG _____ Date: _____

Physical Activity Recommended:

Yes No

Limitations: _____

Medication:

Current medication list attached

IV. REFERRING PROVIDER

Provider Name (printed) _____ Provider Signature (required) _____

Email _____ Phone # _____ Fax # _____

For DSME, circle
choice and FAX
form directly to
preferred site:

CAMcare
541-4611

Cramer Hill
(Spanish only)
365-9520

**North
Camden**
365-9520

Fairview
365-9520

**Osborn -
ABC Diabetes
Program**
1-877-267-9220

Virtua
609-914-8641
*Also have patient call
888-847-8823 to register

Dulce
365-9520
*Available only to
pts of 3 Cooper Plaza
Internal Medicine

**For all Healthy
Nutrition Education**
FAX to: 225-6493