

Date: \_\_\_\_\_

RE: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient name: *[patient name here]*

Dear Provider,

*[patient name here]* has completed Diabetes Self-Management Education and Support Services offered by X Diabetes Center. Here are *[patient name here]*'s results:

| Clinical Outcomes   |          |                              |
|---------------------|----------|------------------------------|
|                     | Baseline | After Participation in DSMES |
| A1c                 |          |                              |
| Blood Pressure      |          |                              |
| Weight/BMI          |          |                              |
| Lipids              |          |                              |
| Behavioral Outcomes |          |                              |
|                     | Baseline | After Participation in DSMES |
| Healthy Eating      |          |                              |
| Being Active        |          |                              |
| Healthy Coping      |          |                              |
| Taking Medications  |          |                              |
| Reducing Risks      |          |                              |
| Problem Solving     |          |                              |
| Monitoring          |          |                              |

*[patient name here]* was instructed on diabetes care and skills according to the Standards of Care established by the American Diabetes Association and the Diabetes Education Curriculum: A Guide to Successful Self-Management by the American Association of Diabetes Educators. Topics covered included:

- Basic pathophysiology of Type 1, 2 diabetes
- Use of blood glucose meter and target blood glucose levels
- Meal planning with a focus on carbohydrate counting
- Exercise and travel guidelines
- Pharmacological agents (orals, injectables, insulin)
- Sick day management, hypo/hyperglycemia
- Detection and prevention of chronic complications

*[patient name here]* was instructed to contact you regarding her ongoing diabetes care.

Thank you very much for your referral to our program. Feel free to contact us if you have any questions or concerns. Medicare provides coverage for up to 2 hours each calendar year with a new referral. We would be happy to continue to work with *[patient name here]* if needed.

Diabetes Educator: \_\_\_\_\_