

# 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 glycemic 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](mailto: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