



**Florida Department of Health in Flagler  
Diabetes Self-Management Education (DSME) &  
Diabetes Prevention (DPP)  
Referral Form**

Patient Name _____		
Street Address _____		
City _____	State _____	Zip _____
Phone: _____ Birth date: ____/____/____		
Insurance Carrier: _____ Policy Number: _____		

**Diagnosis:**

- Pre-Diabetes      Diagnosis Code: \_\_\_\_\_
- Type 1 Diabetes      Diagnosis Code: \_\_\_\_\_
- Type 2 Diabetes      Diagnosis Code: \_\_\_\_\_

**Provide the following documents with this referral:**

<input type="checkbox"/> Medication profile	<input type="checkbox"/> Labs: H1C, lipids, chemistry panel, fasting blood sugar
<input type="checkbox"/> Facesheet (Demographic page)	<input type="checkbox"/> Last office notes or discharge summary

**Select program recommendation:**

- Diabetes Self-Management Education (DSME)
- Diabetes Prevention (DPP)

<b>Health Care Provider (HCP) Printed Name &amp; Signature</b>	<b>Date:</b>
<b>HCP Office contact, address &amp; phone (Please print)</b>	<b>Fax Number:</b>

**TO SCHEDULE: Fax referral to 386-437-8207.  
For questions please call 386-313-7263 or 386-313-7110.**