GEORGIA DEPARTMENT OF PUBLIC HEALTH
South Central Health District

DSMES
DIABETES
SELF-MANAGEMENT
EDUCATION AND SUPPORT

Health Education Referral Form
Hypertension, Hyperlipidemia, Diabetes

Patient Information

Patient's Last Name_____First Name_____Middle
Date of Birth ____-____-_____ Gender: __ Male __ Female

Address City State Zip

Home Phone Other Phone Email Address

PATIENTS WITH SPECIAL NEEDS REQUIRING INDIVIDUAL (1 ON 1) TRAINING

Check all special needs that apply.

- ○ Vision
- ○ Physical
- ○ Language limitations
- ○ Additional training
- ○ Other _____
- ○ Hearing
- ○ Cognitive Impairment
- ○ Telehealth
- ○ Additional hours requested

COMPLICATIONS / COMORBIDITIES

- ○ Hypertension
- ○ Diabetes
- ○ Hyperlipidemia
- ○ Obesity
- ○ Other _____
- ○ Kidney Disease
- ○ Pregnancy
- ○ Mental / Affective Disorder
- ○ Stroke
- ○ PVD
- ○ CHD

DIAGNOSIS

Please submit most recent lipid panel, blood pressure, and last office visit for patient eligibility and outcomes monitoring.

Diagnosis Code_____ Date _____
Signature / NPI#:_____

South Central Health District Health Promotion, 105 East Jackson Street, Dublin, GA 31021
Phone: 478.275.6545 Fax: 478.275.6575
Attn: Megan Brantley, megan.brantley@dph.ga.gov

Please include labs for Diabetes referral.