



EXAMPLE

Communication with the Referring Provider or Other HCP Outside of the DSMES Service

EDUCATION PLAN or EDUCATION PROVIDED and OUTCOMES

(Enter Date)

Dear Provider,

Thank you for referring (Participant's Name) to the (DSMES Service Name) service. Mr./Ms. (Participant's Name) has completed his/her personalized initial comprehensive education plan. The education plan included the following topics: Disease Process, Nutrition, Exercise, Blood Glucose Monitoring, Medication, Acute and Chronic Complications, Behavioral and Lifestyle Change and Healthy Coping.

(Participant's Name) education outcomes: (examples below- not all have to be present)

- Participant selected behavioral goal: Nutrition- decrease portion sizes using the plate method for all meals.
 - **Outcome Post Education: Met 75% of the time**
- Other participant outcome: A1C-Pre-education- 9.0
 - **Outcome 3 Months Post Education: 7.8% (1.2% reduction)**
- Education Learning Outcomes for All Education Topics (see above):
 - **Outcome Post Education: Competent in all subject areas**

Please contact me if you have any questions at (Educator's Email Address and Phone Number).

Regards,

(Educator's Signature)

(DSMES Service Name)

American Diabetes Association Recognized Diabetes Self –Management and Support Service