



# REFERRAL TO ALAMEDA COUNTY DIABETES SELF-MANAGEMENT EDUCATION AND SUPPORT SERVICES

Referring Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Agency/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_

### Eligibility

- 18 years of age or older
- Diagnosed with type 2 or pre-diabetes
- Lives in Alameda County

Through an 8 week American Diabetes Association Recognized program these topics will be covered:

- Diabetes Overview
- Healthy Eating
- Taking Medications
- Reducing Risk
- Healthy Coping
- Being Active
- Monitoring
- Problem Solving

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Female  Male

Diagnosis:  Pre-Diabetes  Type 2 Diabetes

Language:  English  Farsi  Hindi  
 Punjabi  Spanish  Urdu  Other: \_\_\_\_\_

**Please fax completed form to the  
Alameda County Diabetes Program at (510) 383- 5183.**

### For Office Use

1<sup>st</sup> Call (Date/Initial): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 2<sup>nd</sup> Call (Date/Initial): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 3<sup>rd</sup> Call (Date/Initial): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No answer, letter sent: _____ | <input type="checkbox"/> No answer                | <input type="checkbox"/> No answer                |
| <input type="checkbox"/> Left Message, letter sent     | <input type="checkbox"/> Left Message             | <input type="checkbox"/> Left Message             |
| <input type="checkbox"/> Phone D/C; letter sent        | <input type="checkbox"/> Phone D/C                | <input type="checkbox"/> Phone D/C                |
| <input type="checkbox"/> Declined Services             | <input type="checkbox"/> Declined Services        | <input type="checkbox"/> Declined Services        |
| <input type="checkbox"/> Will attend class: _____      | <input type="checkbox"/> Will attend class: _____ | <input type="checkbox"/> Will attend class: _____ |
| <input type="checkbox"/> Other: _____                  | <input type="checkbox"/> Other: _____             | <input type="checkbox"/> Other: _____             |

**Outcome Fax Sent (Date/Initial)** \_\_\_\_\_