

Benefits of the Program

- Access to important education presented by Registered Nurses, Registered Dietitians, and other specialists.
- Incentives such as gift cards and small exercise equipment will be awarded for participation and success.
- Free cooking classes, grocery store tours, and exercise classes offered monthly.
- Increased knowledge and understanding of type 2 diabetes.
- Management and control of your life with diabetes!



For more information, contact:

(704) 920-1294

Or

(704) 920-1257

Cabarrus Health Alliance

1307 S. Cannon Blvd

Kannapolis, NC 28083

Fax: (704) 933-3345



www.cabarrushealth.org

Diabetes Patient Self-Management Program



Get Ready To Be In
Control Of Your Diabetes!

Diabetes Patient Self-Management Program



This program is designed for anyone interested in managing and controlling their type 2 diabetes. The Diabetes Patient Self-

Management Program will provide participants with information about medications, monitoring blood sugar levels, sick-day care, exercise, stress management, and guidance on meal planning. The program includes an initial assessment with a Registered Dietitian, a one-day group class, a follow-up visit, and access to a number of free activities, such as grocery store tours, healthy cooking classes, and exercise classes. Programs and classes will be held throughout Cabarrus, Mecklenburg, and Rowan Counties.

Upon completion of the program, participants will have access to continued follow-up from health-care specialists to ensure continued success.

How to Enroll In the Program

1. Obtain a diagnosis of type 2 diabetes from your doctor.
2. Have your doctor fill out the Physician Referral Form (included in this brochure).
3. Fax the Physician Referral Form to our office at: (704) 933-3345.
4. A Registered Dietitian will call you to make an initial assessment appointment and enroll you in the program.

*Medicaid, Medicare, and most private insurance is accepted. **Full and partial scholarships are available.** Call for details.

If you need help with the enrollment process, please call: (704) 920-1294.



PHYSICIAN REFERRAL FORM

(To be completed by your physician only.)

Please fax completed form to:
(704) 933-3345
ATTN: Cindy Walker, RD, LDN

Patient Name _____

Phone #(s) _____

Consultation: Diabetes Self-Management Program

Follow-up training MNT

Please mark below the conditions that exist, indicating need for Diabetes Program:

Type 2: 250.00 Type 2 uncont'd: 250.02

Date first diagnosed: _____

BLOOD SUGAR CONTROL:

Last fasting blood sugar >140mg/dl

Last post-prandial or random blood sugar >180mg/dl

Pre and Post HgbA1c

(if documented w/in 6 wks will not be done at program)

_____most recent A1c _____ Date of A1c

Management: new diagnosis foot care

home monitoring system diet

***If patient has Medicaid, please attach authorization.**

MD Signature (required) _____

MD Name (print) _____

MD office phone _____

MD Fax _____