

Diabetes Self Management Training services have been shown to:

ENCOURAGE

Weight loss for better quality of life.

INFORM

People regarding the risks of:

- High blood sugar
- High blood pressure
- High Cholesterol
- Smoking/inactivity/unhealthy eating

PROMOTE

Lifestyle modifications that can result in better:

- Glucose control
- Blood Pressure control
- Eating habits
- Weight loss
- Understanding of how your diabetes medicines work
- Lipid profile



**Saint Anthony
Hospital**

Caring for the community

The Center for Diabetes Care

2875 W. 19th Street
Chicago, IL 60623
Phone (773) 484-4498
Fax (773) 484-4544



The Center for Diabetes Care



2875 W. 19th St. Chicago, IL. 60623

Tel: 773.484.4498

WHAT WE CAN DO FOR YOU

Each individual with diabetes has a unique lifestyle, needs and goals.

Your Diabetes Educator will design a custom program for you.

You will receive encouragement and feedback and learn effective ways to manage your blood sugar, weight, blood pressure, exercise, and more.

YOUR INDIVIDUAL PROGRAM WILL INCLUDE:

- Consultation with an expert certified practitioner.
- A focused, detailed nutrition, exercise and blood glucose monitoring plan.
- Foot care health, ulcer prevention, and wound care.
- Regular follow up by our dietitian to keep you progressing and challenging you to attain and reach new goals.

TO ENROLL:

- Obtain a signed referral from your physician, nurse practitioner or nurse midwife. (forms are available on saintanthonyhospital.org/diabetes)
- Obtain the following labs:
 1. Hemoglobin A1C
 2. Lipid Profile
 3. Microalbuminuria
- Bring all results to your diabetes appointment
- Fax signed referral to:
Center for Diabetes
(773) 484-4544

OUR MISSION

We believe that Diabetes Self-Management Education is an integral part of diabetes care. Therefore, in every possible patient intervention the concept of diabetes knowledge, skills and wellness will be incorporated in order to increase and reinforce each patient's self management capabilities.

By signing this form, I am referring my patient:

Patient Name (Printed): _____ Patient Phone Number: _____

to the Center for Diabetes Care at Saint Anthony Hospital for Diabetes Self Management Education.

Provider Name (Printed): _____

Provider Signature: _____

Office Phone Number: _____