AgeOptions

Health Promotion Team

1048 Lake Street #300

Oak Park, IL 60301

Insert Date

**Attention: Insert Dr Name**

**Re: Follow-Up to Referral for Diabetes Self-Management Education**

**Patient Name:** Insert Name **DOB:** Insert DOB

This letter is to update you that ten hours of diabetes education has been completed by your patient. We sincerely appreciate the referral and order that you authorized for this service.

The education sessions were conducted in small group settings, focusing on general education covering the seven self-care behaviors essential for effective diabetes management. These behaviors encompassed aspects including eating healthy, being active, monitoring, taking medication, problem-solving, healthy coping, and reducing risks.

Participant outcomes included:

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Attached for your reference, please find the participant’s pre- and post-program SMART goals along with additional recommendations.

We greatly appreciate your support and collaboration in assisting your patient with this educational opportunity. Thank you!

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RD Name Date

Registered Dietician

Insert Contact Info