

How to Enroll In Our Program

1. You must have a diagnosis of diabetes, pre-diabetes, gestational diabetes or glucose intolerance from your doctor.
2. Call or visit your doctor today. Ask for a referral to the North Carolina Diabetes SMART program.
3. We will call to schedule your 1st appointment

**GET READY TO BE
IN CONTROL OF
DIABETES!**



Nutrition Programs

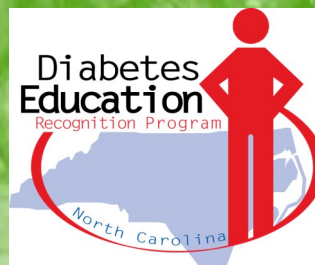
- Medical Nutrition Therapy
 - Diabetes Education
 - Diabetes Prevention

Jackson County Department of
Public Health

538 Scotts Creek Rd
Sylva, NC 28779

Phone: (828) 586-8994

Fax: (828) 587-8297



Nutrition Services

at the Jackson County Department
of Public Health

Diabetes SMART Program

A fun & clinically effective way to learn all the skills needed for successful diabetes self-management.

The program includes:

- A complete nutrition assessment
- Individualized Meal Plan
- Learning Materials
- Monthly Support Group
- Individual appointments
- Sessions by Certified Diabetes Educators, Registered Dietitians
- Personalized follow-up after the program is complete to ensure continued success.

Program Topics:

- Monitoring
- Being Active
- Healthy Eating
- Medications
- Problem Solving
- Reducing Risks
- Healthy Coping



Carb counting, meal planning, and more!

Medical Nutrition Therapy MNT

MNT is available for anyone with a medical diagnosis who needs additional help with their diet—even if they are attending or have already been through the Diabetes SMART Program.

Meet 1-on-1 with our Registered Dietitian to help with meal planning, carb counting, label reading, and much more.



Did you know that 1/2 kiwi = 1 carb choice?

Gestational Diabetes Education

Pregnancy is an exciting time. A diagnosis of gestational diabetes or pre-existing diabetes can cause concern for the parents-to-be. Get relief from our Registered Dietitians, Certified Diabetes Educators, and High-Risk Maternity staff. Learn the most updated methods in controlling blood sugar and while ensuring good nutrition.

Physician Referral Orders

Patient Name: _____

Phone #s: _____

Date first diagnosed: _____

Consultation: _____

Diabetes SMART Program Insulin pump start/Maintenance

Follow-up training Prediabetes

MNT Insulin instruction

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

Type 2 Type 2 uncontrolled

Type 1 Type 1 uncontrolled

Prediabetes Gestational DM

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).

Pre and Post Lipid panel (if documented w/in 6 wks will not be done at program).

Complications:

Repeat hypoglycemic episodes

New onset of low visual acuity

New diagnosis of neuropathy

Current or repeat infection/non-healing wound

Special Notes: (Please send available labs to JCDPH)

MD Signature (required): _____

MD Name (print): _____

MD office phone: _____

MD Fax: _____