YMCA's Diabetes Prevention Program
REFERRAL FORM

Patient Name: _____ Date of Birth: _____

Email address: _____ Phone: _____

I agree and request that the health information on the front of this form be released to the YMCA for the purpose of referring me to the YMCA's Diabetes Prevention Program. I have the right to revoke this authorization at any time by writing to the health care provider named on the front page, except to the extent that action has already been taken based on this authorization.

I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure. I understand that information disclosed under this authorization might be re-disclosed by the recipient and this re-disclosure may no longer be protected by federal or state law.

Signature: _____ Date: _____

To be completed by health care provider

To qualify, participants must:

1. Be at least 18 years of age; and
2. Be overweight or obsess (Body Mass Index of ≥25, ≥22 if Asian); and
3. Have prediabetes, as verified by a blood test

Body Mass Index:

Height: _____inches Weight: _____pounds BMI:_____kg/m^2 (must be ≥25, ≥22 if Asian)

Prediabetes Information (Check all that apply AND enter value)**:**

_____ Fasting plasma glucose (FGP) _____ mg/dL (100-125mg/dL) **or**

_____ 2-hour plasma glucose (OGTT) _____ mg/dL (140-199 mg/dL) **or**

_____ Hemoglobin A1c _____ % (5.7% - 6.4%)

Health Information Release:

I recommend that this patient participant in the YMCA's Diabetes Prevention Program where he/she will set goals to achieve a 7% weight reduction through changes in nutrition and physical activity (up to 150 minutes per week - equivalent to brisk walking).

Provider Information:

Provider Name: _____

Provider Signature: _____ Date: _____

Practice Contact: _____ Phone: _____

Practice Name: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

THANK YOU FOR YOUR REFERRAL!

Please fax the completed form to Jennifer Nicodemus at 734-661-8060.