

Patient Referral Form for the National DPP Lifestyle Change Program

This is a referral for an adult patient to participate in the National DPP lifestyle change program. Make a copy and provide the completed form to the patient, who may contact his/her local program for more information and to enroll.

(First Name)	(MI)	(Last Name)	(Telephone Number)
Is recommended for enrollment in the National Diabetes Prevention Program based on the following eligibility criteria:			
 Be 18 years or older Be overweight (body mass index above 25, or 23 if you are Asian) Have NOT been diagnosed with type 1 or type 2 diabetes NOT be pregnant 			
In addition, you must meet ONE of the following criteria*:			
 Have had a recent blood test in the prediabetes range, which includes one of the following tests and results: ☐ Hemoglobin A1C: 5.7–6.4% ☐ Fasting plasma glucose: 110–125 mg/dL ☐ Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL Have received a result of high risk for type 2 diabetes on the Prediabetes Risk Test. A doctor previously diagnosed you with gestational diabetes. 			
HEALTH CARE PROV	DER INFORMATIC	N	
PROVIDER NAME:			DATE:
HEALTH SYSTEM:			

The La Crosse Area Family YMCA is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). It is a proven program to prevent or delay type 2 diabetes in high-risk patients.

For more information, contact: Lifestyle Program Director, Bri Spicer, at (608)-519-5496 or bspicer@laxymca.org or visit bttps://www.laxymca.org/diabetes-prevention

*If you are enrolling in a program covered by Medicare, you must have had a recent blood test in the prediabetes range within a year of starting the program.