

Referral form to a diabetes prevention program

Send to: Fax: (859) 899-5221 Email: diabetes@LFGHD.org

PATIENT INFORMATION

First name	Address
Last name	
Health insurance	City
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	State
Birth date (mm/dd/yy)	ZIP code
Email	Phone

By providing your information above, you authorize your health care practitioner to provide this information to a diabetes prevention program provider, who may in turn use this information to communicate with you regarding its diabetes prevention program.

PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)

Physician/NP/PA	Address
Practice contact	City
Phone	State
Fax	ZIP code

SCREENING INFORMATION

Body Mass Index (BMI)	Eligibility = ≥ 24 (≥ 22 if Asian)*	
Blood test (check one)	Eligible range	Test result (one only)
<input type="checkbox"/> Hemoglobin A1C	5.7–6.4%	_____
<input type="checkbox"/> Fasting Plasma Glucose	100–125 mg/dL	_____
<input type="checkbox"/> 2-hour plasma glucose (75 gm OGTT)	140–199 mg/dL	_____

Date of blood test (mm/dd/yy):

For Medicare requirements, I will maintain this signed original document in the patient's medical record.

Date

Practitioner signature

OPTIONAL

By signing this form, I authorize my physician to disclose my diabetes screening results to the (insert program/organization name here) for the purpose of determining my eligibility for the diabetes prevention program and conducting other activities as permitted by law.

I understand that I am not obligated to participate in this diabetes screening program and that this authorization is voluntary.

I understand that I may revoke this authorization at any time by notifying my physician in writing. Any revocation will not have an effect on actions taken before my physician received my written revocation.

Date

Patient signature

IMPORTANT WARNING: The documents accompanying this transmission contain confidential health information protected from unauthorized use or disclosure except as permitted by law. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless permitted to do so by law or regulation. If you are not the intended recipient and have received this information in error, please notify the sender immediately for the return or destruction of these documents. Rev. 05/30/14

* These BMI levels reflect eligibility for the National DPP as noted in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures. The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of ≥ 23 for Asian Americans and ≥ 25 for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.