

Referral to diabetes prevention program

Send to Email: Resethealthcoaching12@gmail.com

PATIENT INFORMATION

First name	Address
Last name	
Health insurance	City
Gender ☐ Male ☐ 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.

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 results (one only)	Date of blood test
☐ Hemoglobin A1C	5.7-6.4% -----	_____	____/____/____
☐ Fasting Plasma Glucose	100-125 mg/dL -----	_____	
☐ 2-hour plasma glucose (75 gm OGTT)	140-199 mg/dL -----	_____	
☐ Gestational Diabetes Pregnancy			

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 Reset Health Coaching 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

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* 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.