## **Lifestyle Change Program Fax Referral Form**

Fax to 308-262-1317
Panhandle Public Health District



Patient Name:	DOB:
Address:	Phone #:
	Medical Provider:
National Diabetes	Prevention Program (NDPP) Medical Eligibility Criteria
Patients are eligible if	f they meet the criteria below:
☐ 18 years of age	e or older
•	ex (BMI) of $\geq$ 24 kh/m <sup>2</sup>
☐ Prediabetes	
	sma glucose 100-125 mg/dl
	sult Test Date
	se tolerance test (75gm.) with 2-hour plasma glucose 140-199 mg/dl
	sult Test Date
o Alc of 5.7-6	
	sult Test Date
o Clinically di	iagnosed gestational diabetes mellitus during a previous pregnancy
Health and Wellne	ess Coaching Eligibility Criteria
Patients are eligible if	f they meet the criteria below:
☐ 18 years of age	e or older
☐ Patient shows	a desire to set goals to become a healthier version of themselves.
	*Please check eligibility to make the refe
	You can refer to both lifestyle change progra
I have reviewed the med Program in the Panhand	dical eligibility and wish to refer this patient to the National Diabetes Prevention dle.
Referring Provider Sig	gnature: Date:
Со	ontact Panhandle Public Health District with additional questions.

Cheri Farris
Community Health Educator
<a href="mailto:cfarris@pphd.org">cfarris@pphd.org</a> | 308-262-2866

Tabi Prochazka
Health Promotions Program Coordinator
<a href="mailto:tprochazka@pphd.org">tprochazka@pphd.org</a> | 308-487-3600 ext 107