



## Lifestyle Prevention Referral

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Provider: \_\_\_\_\_

### Medical Eligibility Criteria

**Patients are eligible if they meet the criteria below:**

- 18 years of age or older
- Body mass index (BMI) of  $\geq 24$  kg/m<sup>2</sup>
- Prediabetes
  - Fasting plasma glucose 100-125 mg/dl  
Test result \_\_\_\_\_ Test Date \_\_\_\_\_
  - Oral glucose tolerance test (75gm.) with 2 hour plasma glucose 140-199 mg/dl  
Test result \_\_\_\_\_ Test Date \_\_\_\_\_
  - Alc of 5.7-6.4  
Test result \_\_\_\_\_ Test Date \_\_\_\_\_
  - Clinically diagnosed gestational diabetes mellitus during a previous pregnancy

*I have reviewed the medical eligibility and wish to refer this patient to the National Diabetes Prevention Program in the Panhandle.*

Referring Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax to Tabi Prochazka, NDPP-NP Lifestyle Coordinator at 308-487-3682**