

# Diabetes Prevention & Management Referral Form



PATIENT INFORMATION or SEND FACE SHEET			
First Name	Address		
Last Name			
Health Insurance Name/ID #	City/State: Zip code:		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone:		
Birth Date (mm/dd/yyyy)	Contact Person:		
Email	Contact's Phone:		
PRACTITIONER INFORMATION			
Physician/NP/PA	Address		
Practice contact	City		
Phone	State		
Fax	ZIP code		
SCREENING INFORMATION - PLEASE FILL IN THE REQUESTED INFORMATION when referring to National DPP			
<b>Body Mass Index</b> (to qualify, must be $\geq 25$ or $\geq 23$ if Asian) Result _____ Date _____			
<b>Blood test</b> (check at least one)	Eligible range for Pre-diabetes	Test result	Date
<input type="checkbox"/> Hemoglobin A1C	5.7 – 6.4%	_____	_____
<input type="checkbox"/> Fasting Plasma Glucose	100 – 125 mg/dL	_____	_____
	110 – 125 mg/dL if Medicare	_____	_____
<input type="checkbox"/> 2-hour plasma glucose (75 gm OGTT)	140 – 199 mg/dL	_____	_____
PROVIDER'S SIGNATURE			
By signing below, the provider is affirming that the client's information is correct and is authorizing the referral to one of the following programs:			
<input type="checkbox"/> National Diabetes Prevention Program    Dx: <input type="checkbox"/> Prediabetes <input type="checkbox"/> Overweight/Obesity <input type="checkbox"/> Hx of Gestational DM <input type="checkbox"/> Diabetes Self-Management Program    Dx: <input type="checkbox"/> Prediabetes <input type="checkbox"/> T2 Diabetes <input type="checkbox"/> Other: _____ <input type="checkbox"/> Medical Nutrition Therapy (MNT)    Dx: <input type="checkbox"/> T2 Diabetes <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Other Programs Needed: _____			
Signature: _____		Date _____	

**Please fax referral form, lab results & med lists to: 503-304-3465; ATTN: Health Promotion**  
**For further information, please contact the Oregon Wellness Network at 1-833-673-9355 or**  
**Email: [health.promotion@nwsds.org](mailto:health.promotion@nwsds.org).**