

National Diabetes Prevention Program (National DPP) Referral Form



Send to: Fax _____ Email _____

To be eligible for referral to a National DPP, CDC-recognized lifestyle change program, patients must:

1. Be 18 years of age or older
2. Have a Body Mass Index of ≥ 25 (≥ 23 if Asian)
3. Have no previous diagnosis of type 1 or type 2 diabetes
4. Not be pregnant
5. Have either:
 - a. A blood test result in the eligible range within the past year: Hemoglobin A1C: 5.7–6.4%; or fasting plasma glucose: 100–125 mg/dL; or two-hour plasma glucose (after a 75gm glucose load): 140–199 mg/dL or
 - b. A previous clinical diagnosis of gestational diabetes or
 - c. A positive screening for prediabetes based on the CDC/ADA Prediabetes Risk Test available at <https://cdc.gov/prediabetes/takethetest/>

Patient Information

First Name		Last Name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone	Email	
Home Town/City		Medical Record Number (MRN)	
Does the patient meet the National DPP criteria above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the National DPP have access to the patient's electronic medical record? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Screening Information

Blood Pressure	Body Mass Index	Pre-diabetes Risk Test Score	
Blood Test (at least one)	Eligible Range	Test Results	Test Date
<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 (75gm OGTT)	140-199 mg/dL		
<input type="checkbox"/> Lipid Panel	≥ 200 mg/dL	LDL HDL TRiG	

Provider Information

Provider Name		Practice Name	
Practice Contact		Phone	
Address	City	State	Zip
Fax	Email		

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

Practitioner Signature _____ Date _____

By signing this form, I authorize my healthcare provider to disclose my health screening results for the purpose of determining my eligibility for a National Diabetes Prevention Program or lifestyle change program, or other educational health program conducting other activities as permitted by law. I understand that I am not obligated to participate in any educational health program and that this authorization is voluntary.
I understand that I may revoke this authorization at any time by notifying my provider in writing. Any revocation will not have an effect on actions taken before my provider received my written revocation.

Patient Signature _____ Date _____

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.

National Diabetes Prevention Program (National DPP) Information and Feedback



Program Information			
Name of National DPP			
Phone	Email		Website
Address	City	State	Zip
Lifestyle Coach Information			
First Name	Last Name	Email	
Quarterly Feedback			
Program Start Date			
Quarter 1			
Date	Number of Classes Attended	Average Physical Activity Minutes per Week	
Weight Loss to Date	lbs	Level of Commitment Score (1-Not Committed, 5-Very Committed)	
Additional Goals/Comments			
Quarter 2			
Date	Number of Classes Attended	Average Physical Activity Minutes per Week	
Weight Loss to Date	lbs	Level of Commitment Score (1-Not Committed, 5-Very Committed)	
Additional Goals/Comments			
Quarter 3			
Date	Number of Classes Attended	Average Physical Activity Minutes per Week	
Weight Loss to Date	lbs	Level of Commitment Score (1-Not Committed, 5-Very Committed)	
Additional Goals/Comments			
Quarter 4			
Date	Number of Classes Attended	Average Physical Activity Minutes per Week	
Weight Loss to Date	lbs	Level of Commitment Score (1-Not Committed, 5-Very Committed)	
Additional Goals/Comments			