

# Diabetes Prevention Program Referral

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, NC

Zip code: \_\_\_\_\_

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

Email address: \_\_\_\_\_

SSN: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: M  , F

Ethnicity: \_\_\_\_\_

Current Height: \_\_\_\_\_

Current Weight: \_\_\_\_\_

## **TO PARTICIPATE ALL CRITERIA REQUIRED:**

- Are enrolled in Medicare Part B
  - Please provide Medicare # \_\_\_\_\_
- Overweight as defined as BMI  $\geq 25$  or  $\geq 23$  if self-identified as Asian
- A1c (HgA1c) between 5.7 and 6.4%,
  - or a Fasting Plasma Glucose (FPG) test result of 110-125 mg/dL,
  - or a 2-hour Post-Glucose Challenge Test result of 140-199 mg/dL (oral glucose tolerance test) within the previous 12 months
  - Please provide A1C or other diagnostic criteria as defined above:  
\_\_\_\_\_

- Have no previous diagnosis of type 1 or type 2 diabetes with the exception of a previous diagnosis of gestational diabetes
- Does not have end-stage renal disease (ESRD).

**\*By completing this referral, I am stating that all criteria listed above are met. \***

## **Meeting info:**

Meeting Day Preference? Check one:  Wednesday or  Thursday

We currently plan to meet from 12pm – 1pm. Does this work for you:  Yes or  No

The meeting place will be in Perquimans County, location to be determined.

Meetings will also be available remotely by Zoom. Would you prefer to join:  in person? Or  by Zoom?

## **Complete form and return to:**

Albemarle Regional Health Services

Attention: Sara Foreman

Phone 252-338-4446

Fax 252-338-4456

[sforeman@arhs-nc.org](mailto:sforeman@arhs-nc.org)

