

GROUP LIFESTYLE BALANCE™ DIABETES PREVENTION PROGRAM REFERRAL FORM



Fax To: 304-597-3683 Questions: 304-597-3774

PATIENT INFORMATION		
First Name	Address	
Last Name		
Health Insurance	City	
Gender <input type="radio"/> Male <input type="radio"/> Female	State	
Birth date (mm/dd/yy) Age:	ZIP code	
Phone #	Email	
By providing your information above, you authorize your health care practitioner to provide this information to a diabetes prevention program provider, who may in turn use this information to communicate with you regarding its diabetes prevention program.		
PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)		
Physician/NP/PA	Address	
Practice Contact	City	
Phone	State	
Fax	ZIP code	
SCREENING INFORMATION		
Body Mass Index (BMI)	ELIGIBILITY =>25 MUST HAVE	
Blood test	Eligible range	Test result (most recent)
Hemoglobin A1C	5.7 – 6.4%	_____
Fasting Plasma Glucose	100 – 125 mg/dL	_____ Medicare 110-125mg/dL
2 hour plasma glucose (75 gm OGTT)	140 – 199 mg/dL	_____
Date of blood test (mm/dd/yy):	or *Prediabetes screening score:	
Approval for Physical Activity		
<p>The GLB program is a community-based, year-long healthy lifestyle program based on the successful lifestyle intervention utilized in the Diabetes Prevention Program (DPP). The DPP was a large NIH-funded trial that demonstrated that reducing weight by 5-7% and completing 150 minutes per week of moderate physical activity lowered risk for type 2 diabetes by 58% in high risk individuals (NEJM, 2002, 346(6) p. 393-403) The activity goal for the GLB program is the same as that of the DPP: 150 minutes per week of activity similar to brisk walking which is consistent with the Surgeon General's physical activity recommendations for the general public.</p> <p>In order for your patient to take part in the GLB lifestyle program, we need to know that you approve of their participation as evident by your written permission below. As you know, if your patient has any other medical problems and/or reports being symptomatic during exercise, it is recommended that you consider a thorough medical examination and exercise testing before clearing him/her for this program. If your patient has no disease present and does not report being symptomatic during exercise, then the exercise test or medical examination may not be necessary.</p>		
Signature		
<p>Your signature below will reflect your assessment that there is no undue risk to your patient in taking part in the GLB program and a <u>post program fasting blood glucose can be ordered.</u></p>		
Printed Name:	Date:	
Signature:		