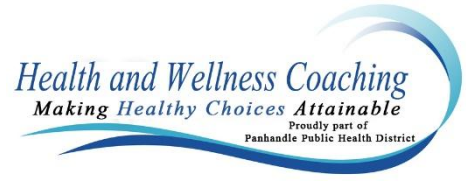


Healthy Lifestyle Support Program
Fax Referral Form
Fax to 308-262-1317
Panhandle Public Health District



Patient Name: _____ DOB: _____
Patient Phone #: _____ Patient Address: _____
Organization: _____ Provider: _____

National Diabetes Prevention Program Medical Eligibility Criteria

Patients are eligible if they meet the criteria below:

- 18 years of age or older
- High Risk score on Pre-Diabetes Risk Assessment, **and/or**
- 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

Health and Wellness Coaching Eligibility Criteria

Patients are eligible if they meet the criteria below:

- 18 years of age or older
- Patient shows a desire to set goals to become a healthier version of themselves.

*Please check eligibility to make the referral.
You can refer to both lifestyle change programs.

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:** _____

Contact Panhandle Public Health District with additional questions.

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