

Diabetes Prevention Program Health Care Provider Referral Form

Complete this form and fax or email to the Diabetes Prevention Program Navigator
at 1-866-336-2329 or dppreferral@dhhs.nc.gov

CLIENT INFORMATION	
Name (First, Last):	DOB (mm/dd/yyyy):
Language Preference (check one): <input type="checkbox"/> English <input type="checkbox"/> Spanish	Street Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City:
Phone: (____) ____-____	State:
Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Zip Code:

To qualify for enrollment in a Diabetes Prevention Program, individuals must:		
Be at least 18 years of age	Have a BMI \geq 25 (\geq 23 if Asian)	
Have not been diagnosed with type 1 or type 2 diabetes	Not be pregnant	
And meet one of the following eligibility requirements		
<p style="text-align: center;">1. Blood Test</p> <p><input type="checkbox"/> Have prediabetes as verified by at least one positive lab result within previous 12 months:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Fasting blood glucose (100-125 mg/dL) <input type="checkbox"/> Two-hour OGTT (140-199 mg/dL) <input type="checkbox"/> HbA1c (5.7-6.4%) 	<p style="text-align: center;">2. Gestational Diabetes</p> <p><input type="checkbox"/> Previous clinical diagnosis or self-report of Gestational Diabetes</p>	<p style="text-align: center;">3. Prediabetes Risk Test</p> <p><input type="checkbox"/> Total score of 5 or higher</p> <p style="text-align: center;"><i>Please complete the Prediabetes Risk Test on page 2, calculate the total score and include the result below.</i></p> <p style="text-align: right;">Total score: <input style="width: 40px; height: 20px;" type="text"/></p>

Provider Name: _____
Email: _____
Phone: _____
Practice Name & Location: _____
Signature/Date: _____

<p>Submit this form to:</p> <p>Diabetes Prevention Program Navigator</p> <p>Call: 1-844-328-0021</p> <p>Secure Fax: 1-866-336-2329</p> <p>Secure Email: dppreferral@dhhs.nc.gov</p> <p>Website: diabetesfreenc.com</p> <p>Electronic Referral: nccare360.org</p>
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Prediabetes Risk Test

1. How old are you?

- Younger than 40 years (0 points)
- 40–49 years (1 point)
- 50–59 years (2 points)
- 60 years or older (3 points)

Write your score in the boxes below

2. Are you a man or a woman?

- Man (1 point)
- Woman (0 points)

3. If you are a woman, have you ever been diagnosed with gestational diabetes?

- Yes (1 point)
- No (0 points)

4. Do you have a mother, father, sister, or brother with diabetes?

- Yes (1 point)
- No (0 points)

5. Have you ever been diagnosed with high blood pressure?

- Yes (1 point)
- No (0 points)

6. Are you physically active?

- Yes (0 points)
- No (1 point)

7. What is your weight category?

(See chart at right)

Total score:

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	1 Point	2 Points	3 Points
You weigh less than the 1 Point column (0 points)			

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

If you scored 5 or higher

Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.

