

Diabetes Prevention Program Referral Form



Questions

Visit DiabetesFreeNC.com
or call 844-328-0021

1 CLIENT INFORMATION

Client Name _____

Date of Birth _____

Phone _____

Street _____

City, State _____

Zip _____

Email (optional) _____

Gender Male Female

Language Preference English Spanish

2 ELIGIBILITY

Must meet ALL of the following:

- 18 or older
- BMI of 25 or higher (23 or higher if Asian)
- Not diagnosed with diabetes (Type 1 or 2)
- Not pregnant

3 VERIFICATION *(Please include documentation.*)*

Must meet at least ONE of the following:

- Previous Gestational Diabetes diagnosis
- Prediabetes Risk Test score of 5 or higher (see reverse side and note score here _____)
- Positive Blood Test within the past year*
 - Fasting Blood Glucose (100-125 mg/dL)
 - Two-hour OGTT (140-199 mg/dL)
 - HbA1c (5.7-6.4%)

_____ Lab Value _____	_____ Date
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4 PROVIDER INFORMATION *(Email or fax is required for bi-directional feedback.)*

Provider Name _____

Email or Fax _____

Phone _____

Practice Name _____

Address _____

5 PROVIDER SIGNATURE

Signature _____

Date _____

6 SUBMIT

Submit your form by using ONE of the following:

- Fax [866-336-2329](tel:866-336-2329)
- Email DPPreferral@dhhs.nc.gov
- Refer via NCCARE360.org

Thank you for your commitment to a Diabetes Free NC!
Every referral you make may prevent a future diabetes diagnosis.

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)

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)			



Total score:

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

You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

Type 2 diabetes is more common in African Americans, Hispanics/Latinos, American Indians, Asian Americans, and Pacific Islanders.

Higher body weight increases diabetes risk for everyone. Asian Americans are at increased risk for type 2 diabetes at lower weights (about 15 pounds lower than weights in the 1 Point column).

You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent type 2 diabetes through a **CDC-recognized lifestyle change program** at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.

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

