



## Referral Form for the National Diabetes Prevention Program (National DPP)

This is a recommendation for an adult patient to participate in the lifestyle change program recognized or pending recognition by the Centers for Disease Control and Prevention as a part of the National DPP.

I am referring: \_\_\_\_\_  
(First Name) (MI) (Last Name)

to enroll in the National DPP lifestyle change program based on the following eligibility criteria:

- 18 years or older; *and*
- BMI  $\geq 25$  kg/m<sup>2</sup> ( $\geq 23$  kg/m<sup>2</sup> if Asian); *and*
- Diagnosis of prediabetes or GDM based on (check one or more)
  - Fasting blood glucose (range 100-125 mg/dL)  
Medicare NDPP providers Fasting blood glucose (range 110-125 mg/dL)
  - 2-hour postprandial blood glucose (range 140-199 mg/dL)
  - A1c (range 5.7-6.4)
  - Previous GDM (may be self-reported)

### Health Care Provider Information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

### National DPP Site Information:

Name of Site: \_\_\_\_\_

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

\*Make a copy and provide the completed form to the patient, who may contact this local program for more information and to enroll.