



Diabetes Prevention Program Participant Eligibility and Referral Form

Please circle the following that apply:

- YES NO Are you 18 years of age or older?
- YES NO Do you have Diabetes?
- YES NO Do you have heart problems, high blood pressure, lung problems, cancer, or thyroid problems? If yes, what? _____
- YES NO Would you be interested in a FREE wellness program offered to help you live healthier and lose weight?

Indicate which of the following apply to you by placing an "X" in the box for YES or NO:

		YES	NO
(1)	Are you a woman who had a baby that weighed more than 9 pounds at birth?		
(1)	Do you have a sister or brother with diabetes?		
(1)	Do you have a parent with diabetes?		
(5)	Do you weigh as much or more than the weight listed for your height? (see back of sheet)		
(5)	Are you younger than 65yrs and get little or no exercise in a typical day?		
(5)	Are you between 45 and 64 years of age?		
(9)	Are you 65 years of age or older?		
	Total Points	Comments:	

I, _____, by signing below, give my health care provider permission to provide the
(print patient full name)
health information requested on this form to the organization offering the wellness program. I also give the organization to which the information will be provided the permission to contact me directly regarding the location/dates/times of the program being offered and to which I am being referred to attend.

Patient Signature: _____ Date: _____

The Patient and I have discussed this referral to the Division of Prevention and Wellness for a evidence based prevention program. The patient agreed to the referral, including sharing information about the patient's condition.

Clinical Provider: _____ Date: _____

THIS BOX TO BE COMPLETED BY DPW:

- Chronic Disease Self- Management Program (Any chronic disease)
- Diabetes Self-Management Program (Diabetics)
- Diabetes Prevention Program (Score of 9 or higher)
(Positive screening for pre-diabetes (CDC screening test)
A score of 9 or higher is high risk for pre-diabetes)

At-Risk Weight Chart

Height	Weight
4'10"	129
4'11"	133
5'0"	138
5'1"	143
5'2"	147
5'3"	152
5'4"	157
5'5"	162
5'6"	167
5'7"	172
5'8"	177
5'9"	182
5'10"	188
5'11"	193
6'0"	199
6'1"	204
6'2"	210
6'3"	216
6'4"	221