



Diabetes Prevention Program WILKES-BARRE FAMILY YMCA

PROVIDER REFERRAL FORM

* Required information for program enrollment

SECTION 1: PARTICIPANT DETAILS

*Name _____ *Date of Birth _____ Gender Female Male

SECTION 2: PARTICIPANT CONTACT INFORMATION

*Street _____ Apartment/Unit _____
*City _____ *State _____ *Zip Code _____
*Primary Phone _____ E-Mail _____

SECTION 3: PARTICIPANT QUALIFICATION CRITERIA

*Height _____ *Weight (lbs.) _____ *Required BMI ≥ 25. Asian individual(s) BMI ≥ 22*

*Blood Values and Diagnosis: *Required 1 qualifying blood value or previous diagnosis of GDM*

- A1c: _____ (must be 5.7%-6.4%)
- Fasting Plasma Glucose: _____ (must be 100-125 mg/dL)
- 2-hour (75 gm glucola) Plasma Glucose: _____ (must be 140-199 mg/dL)
- Prediabetes determined by clinical diagnosis of Gestational Diabetes (GDM) during previous pregnancy

An individual currently or previously diagnosed with type 1 or type 2 diabetes does not qualify for this program.

SECTION 4: PROVIDER CONTACT INFORMATION

Provider Name _____
Name of Practice _____
Street _____
City _____ State _____
Phone _____

- I am a:
- Doctor
 - Nurse Practitioner or Physician Assistant
 - Nurse
 - Diabetes Educator
 - Dietician/Nutritionist
 - Pharmacist
 - Other _____

SECTION 5: AUTHORIZATION TO RELEASE INFORMATION

I (the provider) would like to refer this participant to the YMCA's Diabetes Prevention Program. I have obtained participant authorization to release information to the Wilkes-Barre Family YMCA, and I agree to inform the Wilkes-Barre Family YMCA if this participant changes or revokes this authorization.

*Provider Name (print) _____

*Provider Signature _____

*Date _____

Please return completed forms by mail or fax to:
Shadia Lahlou - Senior Director of Chronic Disease Prevention
Wilkes-Barre Family YMCA, 40 West Northampton Street, Wilkes-Barre, PA 18701
(F) 570-270-2992 | (P) 570-970-5052