

CENTRAL NEW YORK DIABETES EDUCATION PROGRAM

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CNY DIABETES PREVENTION PROGRAM

PATIENT RECOMMENDATION

Patient Information

Name _____ **Date of Birth** _____

Address _____

City _____ **State** _____ **Zip** _____

Primary Phone Number _____ **Secondary Phone Number** _____

Insurance _____

E-mail Address _____ **Gender Female Male**

To Be Completed by the Health Care Provider

NYS DPP Participant Eligibility:

- Must be at least 18 years old
- Must have a BMI ≥ 24 kg/m² or BMI ≥ 22 kg/m² if Asian
- Must have a prediabetes diagnosis or history of gestational diabetes (GDM)
- Not previously diagnosed with type 1 or type 2 diabetes
- Not pregnant

NOTE: Individuals may also be eligible to participate in the NYS DPP without a blood-based test if they score a nine or higher on the Centers for Disease Control and Prevention Prediabetes Risk Test. The test is available at <http://www.cdc.gov/diabetes/prevention/>

Patient Name _____ has been diagnosed with prediabetes or has a history of GDM. This patient has NOT been diagnosed with diabetes. I recommend that this patient participate in the NYS DPP.

ICD 10 CODE _____

Prediabetes Test Results (Check one and/or enter value):

- ☐ History of gestational diabetes
- ☐ 2-hour plasma glucose (OGTT) = _____ mg/dL (Must be 140-199 mg/dL)
- ☐ Hemoglobin A1C = _____ % (Must be 5.7%–6.4%)
- ☐ Fasting plasma glucose (FPG) = _____ mg/dL (Must be 100-125 mg/dL)

Patient's Height _____ (inches) Weight _____ (pounds) BMI _____ (kg/m²)

Provider Name (Print) _____ Phone Number _____

Practice Name _____

Date _____ Time _____ Provider Signature _____