

SJRMC Lifestyle Balance Healthcare Provider Referral Form
2019 10-month Lifestyle Balance Program: February – November

Referrals accepted through March 2019

Patient information: Name _____ Phone _____
Address: _____ City _____ DOB _____

Patients are eligible if at risk for Type 2 diabetes or evidence of prediabetes

Please complete the data for each appropriate criterion.

I. Overweight: BMI \geq 24 (please provide data):

Weight: _____

Height: _____ ft. _____ in.

II Abnormal plasma glucose (prediabetes) - check if one applies and provide result:

Fasting plasma glucose 100-125 (“impaired fasting glucose”)

Please provide test result _____ Date _____

A1C 5.7% to 6.4% *Please provide test result _____ Date _____*

Oral glucose tolerance test (75 gm.) with 2 hour plasma glucose 140-199mg/dl
 (“Impaired glucose tolerance”)

Please provide test result _____ Date _____

III. Risk factor(s) for diabetes (check all that apply)

45 years or older

Parent with diabetes

Sister or brother with diabetes

Gestational diabetes or birth of a baby weighing nine or more pounds

Physically active less than three times a week

Medical suitability criteria (for the National Diabetes Prevention Program: Lifestyle Balance):

- Adult age 18 years or over
- Does not already have diabetes or unstable cardiac disease
- Able to understand and participate in lifestyle interventions
- Able to participate in moderate physical activity at least 150 minutes per week.
- Able to walk 2 blocks in 20 minutes
- Expresses readiness to consider changing diet and physical activity
- For women: not pregnant or planning pregnancy within the next 6 months

I have reviewed the medical eligibility and suitability information above, and wish to refer this patient to the NDPP Lifestyle Balance Program on that basis.

First and last name of provider (please print) _____

Provider phone number _____ **Provider address** _____

Referring Provider Signature (required): _____ Date _____

Return to: Nicole Clark, RD, F.E.T./Lifestyle Balance Program, 800 W. Maple St., Farmington, NM

Fax number (505) 609-2253 Office number (505) 609- 2176

