

# YMCA'S DIABETES PREVENTION PROGRAM REFERRAL FORM

## SECTION 1: PARTICIPANT DETAILS

First name\* \_\_\_\_\_  
Middle name \_\_\_\_\_  
Last name\* \_\_\_\_\_  
Gender\* \_\_\_\_\_  
Date of birth\* \_\_\_\_\_

## Race

- American Indian or Alaska Native  
 Asian White  
 Native Hawaiian or Other Pacific Islander  
 Black or African American  
 White

## SECTION 2: PARTICIPANT CONTACT INFORMATION

Email address \_\_\_\_\_  
Street 1\* \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_  
Postal code\* \_\_\_\_\_  
Home phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_

## SECTION 3: PARTICIPANT QUALIFICATION CRITERIA

Height (ft)\*^ \_\_\_\_\_ Height (in)\*^ \_\_\_\_\_ Weight (lbs)\*^ \_\_\_\_\_  
Meets Blood Value/Diagnosis Qualification:\*\*  
 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 pregnant

\*\*An individual already diagnosed with type 1 or type 2 diabetes does not qualify for this program.

## SECTION 4: PROVIDER CONTACT INFORMATION (Include name of practice or office if applicable)

Provider Name \_\_\_\_\_  
Name of Practice \_\_\_\_\_  
Street 1 \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Email address \_\_\_\_\_

## SECTION 5: AUTHORIZATION TO RELEASE INFORMATION

(To be read and signed by the patient's provider.) 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 YMCA of Upper Palmetto YMCA, and I agree to inform the Upper Palmetto YMCA if this participant changes or revokes this authorization.

Provider Name (print) \_\_\_\_\_  
Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed forms to Jennie Dawkins, Community Health Impact Director at the Upper Palmetto YMCA:  
Fax: 803-327-9149, Email: jenniedawkins@upymca.org, OR Mail: 151 South Oakland Avenue, Rock Hill, SC 29730