

Cohort:	Cohort Start Date:
DPP Provider/Location:	

NPO Diabetes Prevention Program: Distance Learning Referral Form

*I would like to refer the patient below to the NPO Distance Learning **Diabetes Prevention Program (DPP)**, a year-long program focused on diabetes risk prevention and weight loss for patients ≥ 18 years of age.*

Referring Physician: _____

Participant Information (Please Print Clearly)

Name (on ID) _____ Phone Number _____

Email Address _____

DOB (mm/dd/yyyy): _____

Race (choose all that apply): White Black or African American
 Asian or Asian American American Indian or Alaskan Native
 Native Hawaiian or Pacific Islander Prefer not to say

Biological Sex: Male Female

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Participant Qualifications (Please check all that apply)

Height: _____ Weight: _____ Type 1 Diabetes Type 2 Diabetes

18 years of age or older BMI > 25 (23 if Asian) Pre-diabetes Not diagnosed with diabetes

Diagnosis of gestational diabetes during pregnancy Family member with type 2 diabetes

Currently pregnant Physically active High blood pressure

Participant Lab Information (Blood test results must be in the following ranges)

A1c value between 5.7 - 6.4% Oral glucose tolerance test between 140-199 mg/dL Fasting plasma between 100 - 125 mg/dL (NDPP) or 110 - 125 mg/dL (Medicare)

Exclusions: The following diagnoses exclude a patient from participating: renal disease, pregnancy, type 1 and type 2 diabetes

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Am I Ready to Make a Lifestyle Change?

What are your habits?

The following questions pertain to where you are right now with regards to eating and exercise habits. Please select the option that best identifies how you feel with each statement. Select Not Sure if you do not wish to answer or do not know the answer.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Sure
"I eat healthy"	<input type="checkbox"/>				
"I want to eat more healthy"	<input type="checkbox"/>				
"I get enough physical activity"	<input type="checkbox"/>				
"I want to be more physically active"	<input type="checkbox"/>				

How confident are you today?

In order to reduce your risk of developing diabetes, you will likely need to change eating, exercise, and lifestyle habits. Select the option that indicates how confident you are with the following changes:

	I sure can!	I think I can	I'm not sure	I don't think I can
Are you confident in your ability to get physically active more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you confident in your ability to increase the length of time you can be physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you confident in your ability to eat more healthy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you confident in your ability to over-eat less often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Internet Accessibility

Because this program is delivered online using technology, understanding more about how you access technology can help clarify if this program is a good fit for you.

How do you typically access the internet now?

Do you have access to a smartphone or tablet?

Do you feel comfortable in downloading and using apps?

How reliable is the internet access where and when you would be attending these sessions?