

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  $\geq 18$  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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"I want to eat more healthy"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"I get enough physical activity"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"I want to be more physically active"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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?