

Kalispell Regional Healthcare Diabetes Prevention Program Referral

PATIENT INFORMATION

_____	_____	_____	_____	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Last Name	First Name	MI	DOB	
_____	_____	_____	_____	_____
Address	City	State	Zip Code	Phone #

Medical Suitability Criteria

To be eligible for this program, the patient must meet the criteria listed below.

- 18 years of age or older
- Does not have unstable cardiac disease.
- Able to participate in moderate physical activity at least 150 minutes per week.
- No End Stage Renal Disease or dialysis.
- No alcohol or substance abuse that would affect successful participation.
- Able to understand and participate in lifestyle intervention.
- No current diagnosis of cancer undergoing treatment that prevents participation.
- For women; not pregnant or planning pregnancy within the next 6 months.

Risk Factors for Diabetes

Please check any risks that qualify your patient for this program.

Patients needs to have at least **one of the risks listed below plus a BMI to or greater than 24.**

Hypertension

Prediabetes: A1C 5.7-6.4% or fasting glucose 100-125 mg/dl

IFG or IGT

Dyslipidemia: Triglycerides >150 mg/dl; LDL cholesterol >130 mg/dl; or HDL cholesterol <40 mg/dl men and <50 mg/dl women

Medication for HTN or Dyslipidemia

Previous diagnosis of Gestational Diabetes

Gave birth to a baby weighing 9 lbs or more

Lab Values

Please send lab results from the most current **6 month** period. Lab results are required for patient eligibility, education, and outcomes management.

	Results	Date
FBG	_____	_____
Tchol	_____	_____
HDL	_____	_____
LDL	_____	_____
Trig	_____	_____
A1C (optional)	_____	_____

I have reviewed the diabetes risks and medical suitability criteria above, and wish to refer this person to the Diabetes Prevention Program on that basis.

Physician's Signature: _____ UPIN: _____ Date _____
Physician Printed Name: _____ Physician Phone # _____

**Mail or Fax to: KRMC Diabetes Education and Prevention Program
310 Sunnyview Lane • Kalispell, MT 59901 • Phone 751-5454 • Fax 756-2716**