



COW CREEK HEALTH & WELLNESS DIABETES PREVENTION PROGRAM REFERRAL FORM

Date: _____

Patient Name: _____ Date of Birth: _____

Address: _____

City/State: _____ Zip: _____ Phone Number: _____

To qualify, participants must:

1. Be at least 18 years of age and;
2. Be overweight or obese (Body Mass Index >25, >22 if Asian) and;
3. Not be pregnant or have no previous diagnosis of Type 1 or Type 2 diabetes and;
4. Have **one** of the following:
 - a. Diagnosis of Prediabetes, verified by a qualifying blood test (eligible ranges listed below), or
 - b. A previous diagnosis of Gestational Diabetes, or
 - c. A qualifying CDC/ADA Prediabetes Risk Test

I recommend that this patient participate in an evidence-based National Diabetes Prevention Program recognized by the CDC, where they will set goals to achieve a 5% to 7% weight reduction through healthy eating and physical activity interventions that can reduce participants' risks for developing Type 2 Diabetes.

Referring Provider: _____ Phone: _____

Body Mass Index (BMI): _____

Blood Test (check one)	Eligible Range	Test Result (one only)
<input type="checkbox"/> Hemoglobin A1C	5.7 – 6.4%	_____
<input type="checkbox"/> Fasting Plasma Glucose	100 – 125 mg/dL	_____
<input type="checkbox"/> 2-hour Plasma Glucose (75gm OGTT)	140 - 190 mg/dL	_____

***This referral is for Cow Creek Health and Wellness Center's Diabetes Prevention Program only, not for medical treatment or services.**

Thank you for your referral!

COW CREEK HEALTH & WELLNESS
2371 NE STEPHENS STREET
ROSEBURG, OR 97470
541-672-8533
Fax 1-855-670-1791

CANYONVILLE CLINIC
480 Wartahoo Lane
Canyonville, OR 97417
541-839-1345
Fax 1-855-670-1791

Mailing Address (both clinics): PO Box 1400, Roseburg, OR 97470

Please fax completed form to 1-855-670-1791 along with current demographics, insurance cards, supporting lab values/metrics, and most recent chart notes.