



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.