

**For Prediabetic Patients**

# PREVENT T2

A PROVEN PROGRAM TO PREVENT OR DELAY TYPE 2 DIABETES

## Diabetes Prevention Program Patient Referral Form



**Snell's  
Pharmacy Shop**  
**Clinical & Diabetes Center**  
*From prevention to education and quality care, we are making a difference for everyday people who choose to improve their life-long health outcomes!*

Patient Legal Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

This patient is recommended for enrollment in the Prevent T2 lifestyle change program based on the following eligibility criteria:

- ✓ 18 years or older
- ✓ BMI ≥ 24 kg/m<sup>2</sup> (≥ 22 if Asian)
- ✓ No previous diagnosis of type 1 or type 2 diabetes
- ✓ Diagnosis of prediabetes in the past year or GDM based on (check all that apply)
  - HbA1C: 5.7% – 6.4%
  - Fasting plasma glucose: 100-125 mg/dL
  - 2-hour plasma glucose (after a 75 gm glucose load): 140-199 mg/dL
  - Previous diagnosis of GDM (may be self-reported)
  - Positive Prediabetes Risk Test [www.cdc.gov/prediabetes/takethetest](http://www.cdc.gov/prediabetes/takethetest) or



### Healthcare Provider Information:

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**For questions, contact:**  
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