Penn Medicine
Chester County Hospital

Recommendation Form for the National Diabetes Prevention Program

This is a recommendation for an adult patient to participate in the lifestyle change program recognized by the Center for Disease Control and Prevention as a part of the National Diabetes Prevention Program.

I am recommending:

_____

(First Name) (MI) (Last Name) (Date of Birth)

Patient Phone Number:_____

Enroll in the National Diabetes Prevention Program lifestyle change program based on the following criteria:

Check all that apply:

____ Most recent BMI ≥24 (≥22 if Asian)

____ A positive lab test result within previous 12 months:

- ____ HbA1C 5.7-6.4% (LOINC code 4584-4)
- ____ FPG 100-125 mg/dL (LOINC code 1558-6)
- ____ OGTT 140-199 mg/dL (LOINC code 62856-0)

____ History of gestational diabetes (ICD-10: Z86.32)

____ Not on Insulin

Health Care Provider Information

Signature: _____ Date: _____

Name: _____

Address: _____

Phone: _____

MAKE A COPY AND PROVIDE THE COMPLETED FORM TO THE PATIENT

[Physician Offices — Please fax to 610.738.2593]

FOR QUESTIONS OR ADDITIONAL INFORMATION

please call 610.738.2835 or email diabetes@uphs.upenn.edu

Chester County Hospital
National Diabetes Prevention Program
ChesterCountyHospital.org