



Connecting patients to community programs and services!

National Diabetes Prevention REFERRAL FORM

Date: _____

Referred Individual Name: _____ DOB _____

Spanish speaking language other than English _____

Phone number: _____

Email: _____

Referring Provider (Print Name): _____

Referring Provider Clinic: _____

Referring Provider Phone Number: _____

Referring Provider Fax Number: _____

Signature: _____

To participate in a CDC-recognized lifestyle change program, patients will need to meet **ALL 4** of these requirements:

- Be 18 years or older.
- Have a body mass index (BMI) of 25 or higher (23 or higher if Asian American).
- Not be previously diagnosed with type 1 or type 2 diabetes.
- Not be pregnant.

Patients will also need to meet **1** of these requirements: blood test result in the prediabetes range within the past year (includes **any** of these tests and results):

- Hemoglobin A1C: 5.7–6.4%.
- Fasting plasma glucose: 100–125 mg/dL
- Two-hour plasma glucose (after a 75 g glucose load): 140–199 mg/dL.
- Be previously diagnosed with gestational diabetes.
- High risk score (5 or higher) on the [Prediabetes Risk Test](#) (can send to HUB to do)

HUB Contact Information

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