

# Central Maine Healthcare Diabetes Prevention Program

## PATIENT RECOMMENDATION FORM

This recommendation is for an adult (>18) patient to participate in the Central Maine Healthcare Diabetes Prevention Program (CMH DPP). Provider and patient should complete this form and return it to CMH DPP at the address below or fax to the number below.

### Patient Information

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Age \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Primary Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Male \_\_\_ Female \_\_\_

### Patient Permission

I, \_\_\_\_\_, authorize the release of the health information below to the CMH DPP for the purpose of providing a recommendation. I have the right to revoke this authorization at any time by writing to the health care provider named below, except to the extent that action has already been taken based on this authorization. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure. I understand that information disclosed under this authorization might be re-disclosed by the recipient and this re-disclosure may no longer be protected by federal or state law. I also give the organization providing the CMH DPP permission to contact me. This authorization is valid for one year from date of signature.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Be Completed by Health Care Provider

Patient's Height \_\_\_\_\_ (inches) Weight \_\_\_\_\_ (pounds) BMI \_\_\_\_\_ kg/m<sup>2</sup> (≥ 24 or ≥ 22 if Asian)

#### Prediabetes Test Results (Check at least one and/or enter value:

- Fasting blood glucose \_\_\_\_\_ mg/dl (range 100-125 mg/dl)
- 2-hour (OGTT) glucose \_\_\_\_\_ mg/dl (range 140-199 mg/dl)
- A1c \_\_\_\_\_ % (range 5.7-6.4)
- History of gestational diabetes (may be self-reported)

This patient is cleared for moderate to vigorous physical activity (such as brisk walking) of at least 30 minutes/day.

NOTE: Individuals may also be eligible to participate in CMH DPP without a blood-based test if they score nine or higher on the Centers for Disease Control and Prevention Prediabetes Risk Test. The test is available at <http://www.cdc.gov/diabetes/prevention/>.

Provider Name (Print) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Practice Name \_\_\_\_\_

Address \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

CMH DPP is part of the CDC-led National Diabetes Prevention Program. It is an evidence-based program to prevent or delay type 2 diabetes in high-risk patients. For more information or to find a local program, contact us at:



**CMH Diabetes Prevention Program**  
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[ingrahlo@cmhc.org](mailto:ingrahlo@cmhc.org)

