

National Diabetes Prevention Program Referral Form

Fax to Loup Basin Public Health Department
Fax Number 308.346.9106



LoupBasin
PUBLIC HEALTH DEPARTMENT

Patient Name			Date of Birth	
Patient Phone		Patient Address		
Medical Provider				

National Diabetes Prevention Program (NDPP) Medical Eligibility Criteria

Medical professional must select which eligibility criteria the patient meets.

- ☐ 18 years of age or older
- ☐ Body mass index (BMI) ≥ 24 kg/m²
- ☐ Patient shows a desire to set goals to become a healthier version of themselves.

Prediabetes (*Patient must meet one of the below criteria to be eligible*)

- ☐ Fasting plasma glucose 100-125mg/dl
Test result _____ Date _____
- ☐ Oral glucose tolerance test (75gm) with 2-hr plasma glucose 140-199 mg/dl
Test result _____ Date _____
- ☐ Hemoglobin A1C of 5.7-6.4
Test result _____ Date _____
- ☐ Clinically diagnosed gestational diabetes mellitus during a previous pregnancy

I have reviewed the medical eligibility and wish to refer this patient to the National Diabetes Prevention Program sponsored by Loup Basin Public Health Department.

Referring Provider Signature _____ Date _____

Please fax completed form to Loup Basin Public Health Department @ 308.346.9106

For questions please contact Ashley Jeffres, Public Health Nurse

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