

New York State Diabetes Prevention Program (NYS DPP) Patient Recommendation Form

The New York State Diabetes Prevention Program is an evidence-based program for adults with diagnosed prediabetes or who are at high risk for developing type-2 diabetes. The program is led by a trained Lifestyle Coach and meets one hour per week for 16 weeks, followed by at least six monthly follow-up sessions. The program is delivered in community or health care settings, in groups of 10-15 people, where personal lifestyle goals are set by each participant. The sessions cover healthy eating, physical activity, and lifestyle changes to help participants achieve the goals that lead to the prevention or delay of a diabetes diagnosis, including a 5-7% weight loss and maintenance, and a gradual increase in physical activity to 150 minutes per week.

Patient Information

Name _____ DOB _____

Address _____

City _____ State _____

Primary Phone _____ Secondary Phone _____

E-mail Address _____ Gender Male Female

I (print name), _____, give my health care provider permission to send my information directly to the Suffolk County Department of Health Services (fax # 631-853-2958). This authorization is valid for one year from date of signature.

Patient Signature _____ Date _____

To Be Completed by the Health Care Provider

NYS DPP Participant Eligibility:

- Must be at least 18 years old
- Must have a BMI ≥ 25 kg/m² or BMI ≥ 23 kg/m² if Asian
- Must have a prediabetes diagnosis or history of gestational diabetes (GDM)
- Not previously diagnosed with type 1 or type 2 diabetes
- Not pregnant

NOTE: Individuals may also be eligible to participate in the NYS DPP without a blood-based test if they score a 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/>

Patient Name _____ has been diagnosed with prediabetes or has a history of GDM. This patient has NOT been diagnosed with diabetes. I recommend that this patient participate in the NYS DPP.

Prediabetes Test Results (Check one and/or enter value):

- History of gestational diabetes
- 2-hour plasma glucose (OGTT) = _____ mg/dL (Must be 140-199 mg/dL)
- Hemoglobin A1C = _____ % (Must be 5.7%–6.4%)
- Fasting plasma glucose (FPG) = _____ mg/dL (Must be 100-125 mg/dL)

Patient's Height _____ (inches) Weight _____ (pounds) BMI _____ (kg/m²)

Provider Name (Print) _____ Contact Phone Number _____

Practice Name _____

Provider Signature _____ Date _____