SJRMC Lifestyle Balance Healthcare Provider Referral Form

2020 10-month Lifestyle Balance Program: February – November

Referrals accepted through March 2020

Patier Addr				Phone DOB
	<mark>Pa</mark>	tients are eligible if a	<mark>it risk for Type 2 dia</mark>	betes or evidence of <i>pre</i> diabete
		Please cor	nplete the data for each a	ppropriate criterion.
I.	Weig	rweight: BMI ≥ 24 (plea ght: cht:ftin.	se provide data):	
II	Abnormal plasma glucose (prediabetes) - check if one applies and provide result:			
		Fasting plasma glucose Please provide test result	100-125 ("impaired fasting t Date	glucose'')
		A1C 5.7% to 6.4% Plea	se provide test result	Date
			est (75 gm.) with 2 hour pla red glucose tolerance") t Date	sma glucose 140-199mg/dl
III.	Risk factor(s) for diabetes (check all that apply)			
		45 years or older		
		Parent with diabetes Sister or brother with diabetes	otos	
		Gestational diabetes or bir		or more nounds
		Physically active less than		or more pounds
Medic	al su			ention Program: Lifestyle Balance)
	•	Adult age 18 years or ov		
	•		iabetes or unstable cardiac	
	•	-	participate in lifestyle interv	
	•	Able to walk 2 blocks in	oderate physical activity at l	east 150 minutes per week.
	•		onsider changing diet and p	hysical activity
	•	•	t or planning pregnancy wi	· ·
		NDPP I	Lifestyle Balance Program	
First a	nd la	ist name of provider (ple	ease print)	
Provid	ler pl	none number	Provide	address
Referr	ing I	Provider Signature (requ	ired).	Date
		The Signature (1090	········	Dutc

Return to: Cathy Greaney or Sandy Ridlon, Diabetes Education/Lifestyle Balance Program 300 W. Arrington, Suite 101, Farmington, New Mexico 87401

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