



## Lifestyle Change Program REFERRAL FORM

Date of Referral: \_\_\_\_\_

Name of Referring Provider: \_\_\_\_\_

### Patient Information:

Patient's First Name: \_\_\_\_\_ Patient's Last Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_ Patient's Preferred Language: \_\_\_\_\_

Patient's Contact #: \_\_\_\_\_ Patient's Email Address: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient consents to be referred to the following lifestyle change programs:

Diabetes Prevention

Smoking Cessation

#### Notes

**Submit e-fax/fax to 858-408-4496 for processing by 2-1-1 San Diego/CIE**



Patient's First Name: \_\_\_\_\_ Patient's Last Name: \_\_\_\_\_ Patient's DOB: \_\_\_\_\_

### CIE Authorization

**Does patient consent to have a client record created in the Community Information Exchange (CIE) and to have their data shared with CIE partners? Please read the following statements and make below selection based on client response.**

You have the right to provide consent on paper. Do you agree to give your consent in this verbal format?

- If "yes" continue
- If "no" do not continue

This statement authorizes Community Information Exchange to create a record and to share personal, financial or health information shared with us with our Referral Partners. By providing your consent, you specifically authorize CIE to use and disclose information relating to Drug/Alcohol/Substance Abuse, Mental Health, HIV/AIDS.

The information will be used to assess your needs and coordinate your care. In some situations, your information may be re-disclosed and no longer protected under applicable privacy laws. However, your information will still be protected under our Participation Agreement with our partners. Your refusal to give us permission to share your information will not affect your treatment, payment, enrollment or eligibility for benefits from our Referral Partners. Please go to our website: [www.ciesandiego.org/privacy](http://www.ciesandiego.org/privacy), for a list of our Referral Partners, and our Notice of Privacy Practices to learn about how we use and share your information, and how to get a copy or revoke this authorization, which you have the right to do at any time.

If you revoke this authorization, it will not affect information that has already been shared. Your authorization will be valid for ten years from today's date, unless you revoke it earlier. As your verbal signature and agreement, please state your: name, date of birth and today's date.

**Patient gave consent** → **If patient gave consent, 4 Digit Pin or Last 4 of SSN:** \_\_\_\_\_

**Patient declined consent**

NOTE: A pin is used for authentication purposes within the 2-1-1/CIE systems and should be remembered by patient.

### Which of the following criteria does the patient meet?

<b>BMI =</b> _____	(≥24, if Asian ≥ 22)
<b>And must meet ONE of the following criteria:</b>	
<b>A1C:</b> _____ (5.7-6.4%)	<b>OR</b>
<b>Fasting Glucose:</b> _____ (100-125mg/dL)	<b>meet one of the following criteria:</b>
<b>Oral Orgal Glucose Tolerance Test (OGTT):</b> _____ (140-199mg/dL)	<b>History of gestational diabetes</b>
	<b>Prediabetes risk score:</b> _____ (≥5 points)

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# Prediabetes Risk Test

## 1. How old are you?

- Younger than 40 years (0 points)
- 40–49 years (1 point)
- 50–59 years (2 points)
- 60 years or older (3 points)

Write your score in the boxes below

## 2. Are you a man or a woman?

- Man (1 point)
- Woman (0 points)

## 3. If you are a woman, have you ever been diagnosed with gestational diabetes?

- Yes (1 point)
- No (0 points)

## 4. Do you have a mother, father, sister, or brother with diabetes?

- Yes (1 point)
- No (0 points)

## 5. Have you ever been diagnosed with high blood pressure?

- Yes (1 point)
- No (0 points)

## 6. Are you physically active?

- Yes (0 points)
- No (1 point)

## 7. What is your weight category?

(See chart at right)

Height	Weight (lbs.)		
4'10"	119-142	143-190	191+
4'11"	124-147	148-197	198+
5'0"	128-152	153-203	204+
5'1"	132-157	158-210	211+
5'2"	136-163	164-217	218+
5'3"	141-168	169-224	225+
5'4"	145-173	174-231	232+
5'5"	150-179	180-239	240+
5'6"	155-185	186-246	247+
5'7"	159-190	191-254	255+
5'8"	164-196	197-261	262+
5'9"	169-202	203-269	270+
5'10"	174-208	209-277	278+
5'11"	179-214	215-285	286+
6'0"	184-220	221-293	294+
6'1"	189-226	227-301	302+
6'2"	194-232	233-310	311+
6'3"	200-239	240-318	319+
6'4"	205-245	246-327	328+
	<b>1 Point</b>	<b>2 Points</b>	<b>3 Points</b>
	You weigh less than the 1 Point column (0 points)		

Total score:

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

## If you scored 5 or higher

You are at increased risk for having prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you have type 2 diabetes or prediabetes, a condition in which blood sugar levels are higher than normal but not high enough yet to be diagnosed as type 2 diabetes. **Talk to your doctor to see if additional testing is needed.**

If you are African American, Hispanic/Latino American, American Indian/Alaska Native, Asian American, or Pacific Islander, you are at higher risk for prediabetes and type 2 diabetes. Also, if you are Asian American, you are at increased risk for type 2 diabetes at a lower weight (about 15 pounds lower than weights in the 1 Point column). Talk to your doctor to see if you should have your blood sugar tested.

## You can reduce your risk for type 2 diabetes

Find out how you can reverse prediabetes and prevent or delay type 2 diabetes through a **CDC-recognized lifestyle change program** at <https://www.cdc.gov/diabetes/prevention/lifestyle-program>.

Risk Test provided by the American Diabetes Association and the Centers for Disease Control and Prevention.

