## RECOMMENDATION FORM





This is a recommendation for an adult patient to participate in the PreventT2 program. Make a copy and provide the completed form to the patient, who may contact his/her local program for more information and to enroll.

(First Name)	(	Fi	ir	st	Ν	a	m	e)
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(MI)

(Last Name)

Is recommended for enrollment in the PreventT2 lifestyle change program based on the following eligibility criteria:

 $\checkmark$  18 years or older

- ✓ BMI ≥ 24 kg/m2 (≥ 22 if Asian)
- $\checkmark\,$  No previous diagnosis of type 1 or type 2 diabetes
- ✓ Diagnosis of prediabetes in the past year or GDM based on (check one or more)
  □ HbA1C: 5.7%-6.4%
  - □ Fasting plasma glucose: 100–125 mg/dL
  - □ 2-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL
  - □ Previous diagnosis of GDM (may be self-reported)

## **Health Care Provider Information**

Signature:	Date:
Name:	
Address:	
Phone:	

PreventT2 is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). It is a proven program to prevent or delay type 2 diabetes in high-risk patients.

For more information, contact your local PreventT2 program at:

**BMI** Below 18.5 18.5-24.9 25.0-29.9 30.0 and Above

> Underweight Normal Overweight Obesity

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report.