**FAX REFERRAL FORM**

Physician Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Practice Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Diabetes Prevention and Control Programs

(Please print clearly)

## Patient’s Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pre-diabetes based on the following criteria** (select all that apply) - **Fax referral form to 210-207-4288**

A1c: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (5.7-6.4%)

Fasting Plasma Glucose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (100-125 mg/dl)

2-hour (75 gm glucola) Plasma Glucose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (140-199mg/dl)

I am referring this person based on this diagnosis and their BMI BMI = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (>25, Asian individuals >22)

### Metro Health will follow up with your patient.

**Diabetes Self-Management Program - Fax referral form to 210-207-4288**

The Diabetes Self-Management Program is an evidence-based program developed at Stanford

University. The program is open to adults with diabetes and/or their family members or caretakers and provides the tools for individuals to better control diabetes and prevent complications. The workshop is 6-weeks long and meets once a week for up to 2.5 hours.

### Metro Health will follow up with your patient.

**I consent to this referral and understand that Metro Health will contact me.**

**Patient Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DiabetesHelpSA.com**

**For more information: Call 210-207-8802**

**Or Email maria.ochoa2@sanantonio.gov**