You do everything you can to help your patients prevent the onset of diabetes. But once they walk out of your door, we all know it’s up to them to make healthy choices. The good news is there is help. This evidence-based program encourages lifestyle change in your patients at RISK for type 2 diabetes by providing personal coaching and group support.
PREVENTING TYPE 2 DIABETES
How to refer your patients with prediabetes to an evidence-based diabetes prevention program

- Only 1 out of 10 people with prediabetes are aware of their diagnosis.¹
- Left untreated, 1 out of 3 of people with prediabetes will develop diabetes within five years.¹

Preventing diabetes in Nebraska is of high priority. Douglas County Health Department is dedicated to assisting healthcare providers achieve impactful outcomes.

The following pages contain information to help your practice:
- Raise awareness of prediabetes among patients.
- Offer the opportunity to prevent or delay the onset of type 2 diabetes.
- Increase referrals into a successful prevention program.
- Increase the quality of life for prediabetic residents in Douglas County

The Diabetes Prevention Program (DPP) is a national Evidence-Based program focusing on lifestyle changes and weight loss to prevent or delay type 2 diabetes. Healthcare providers are encouraged to refer at-risk patients to a local DPP Provider. Program participants attend engaging sessions facilitated by a trained lifestyle coach. Throughout the year-long program, participants receive peer support as well as information on increasing physical activity and improving their diets.

Increasing awareness of prediabetes and the available resources available to prevent diabetes are important in protecting and improving the health of patients. Please consider using these tools and referring prediabetic patients to the Diabetes Prevention Program within Douglas County. DPP scholarships for patients may be available based on income and location of residence.

Healthcare Providers Can Prevent Type 2 Diabetes

Test your patients for prediabetes and refer those at risk to an Evidence-Based Diabetes Prevention Program

Progression from prediabetes to diabetes can take as little as five years. During that window of time, your patients can benefit from a proven intervention that is part of the CDC’s Diabetes Prevention Program (DPP).

Counsel your patients that prediabetes is a potentially reversible condition, and one that you can help them manage effectively by:

--- Screening and identifying patients for prediabetes
--- Referring them to a Diabetes Prevention Program provider

This program is Evidence-Based
The diabetes prevention program is a lifestyle intervention based on research funded by the National Institutes of Health that showed, among those with prediabetes, a 58 percent reduction in the number of new cases of diabetes overall, and a 71 percent reduction in new cases for those over age 60.

Diabetes Prevention Program Overview:
- The program empowers patients with prediabetes to take charge of their health and well-being.
- Participants meet in groups with a trained lifestyle coach for 16 weekly sessions and 6-8 monthly follow-up sessions.
- These are NOT exercise classes. At these sessions patients learn ways to incorporate healthier eating and moderate physical activity, as well as problem-solving, stress-reduction and coping skills into their daily lives.

In the average primary care practice it’s likely one-third of patients over age 18, and half over age 65, have prediabetes.

Eligibility for the diabetes prevention program

Inclusion criteria:
- Age ≥18 years and
- Most recent BMI ≥24* (≥22 if Asian) and
- A positive lab test result within previous 12 months:
  - HbA1C 5.7–6.4% (LOINC code 4548-4) or
  - FPG 100–125 mg/dL (LOINC code 1558-6) or
  - OGTT 140–199 mg/dL (LOINC code 62856-0) or
- History of gestational diabetes (ICD-9: V12.21; ICD-10: Z86.32)

Exclusion criteria: Current diagnosis of diabetes (ICD-9: 250; ICD – 10 E11) or Current Insulin use

Consider referring eligible patients:
- At the time of an office visit, and/or
- By generating a list of eligible patients from your electronic health record using a structured query

Physicians and other health care providers should also use their independent judgment when referring to a diabetes prevention program.
YOUR PATENTS LISTEN TO YOU
REFER PATIENTS TO A LOCAL DIABETES PREVENTION SITE

Research shows that patients are more likely to engage in preventive health behaviors when their health care professional recommends them.¹

Diabetes Prevention Program Providers in Douglas County:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Address</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNMC ENGAGE WELLNESS</td>
<td>730 S. 38th Avenue</td>
<td>402-552-7210 <a href="mailto:jeannie.hannan@unmc.edu">jeannie.hannan@unmc.edu</a></td>
</tr>
<tr>
<td>YMCA OF GREATER OMAHA</td>
<td>Various locations</td>
<td>402-977-4326 <a href="mailto:mbw@metroymca.org">mbw@metroymca.org</a></td>
</tr>
<tr>
<td>DIABETES EDUCATION CENTER OF THE MIDLANDS</td>
<td>2910 S. 84th St.</td>
<td>402-399-0777 ext. 230 <a href="mailto:patientservices@diabetes-education.com">patientservices@diabetes-education.com</a></td>
</tr>
</tbody>
</table>

Sample patient flow process

**MEASURE**

**CHECK-IN**
- If age $\geq 18$ and patient does not have diabetes, provide CDC Prediabetes Screening Test or ADA Diabetes Risk Test
- Patient completes test and returns it
- Insert completed test in paper chart or note risk score in EMR

**ROOMING/VITALS**
- Calculate BMI (using table) and review diabetes risk score
- If elevated risk score or history of GDM, flag for possible referral

**ACT**

**EXAM/CONSULT**
- Follow “Point-of-care prediabetes identification algorithm”
- Determine if patient has prediabetes and BMI $\geq 24^*$ ($\geq 22$ for Asians) or a history of GDM
- Advise re: diet/exercise and determine willingness to participate in a diabetes prevention program
- If patient agrees to participate, proceed with referral

**PARTNER**

**REFERRAL**
- Complete and submit referral form via fax or email

**FOLLOW UP**
- Contact patient and troubleshoot issues with enrollment or participation

*These BMI levels reflect eligibility for the National DPP as noted in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures. The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of $\geq 23$ for Asian Americans and $\geq 25$ for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.
Point-of-care prediabetes identification

MEASURE

If patient is age ≥18 and does not have diabetes, provide self-screening test (CDC Prediabetes Screening Test or ADA Diabetes Risk Test)

If self-screening test reveals risk, proceed to next step

Review medical record to determine if BMI ≥24* (≥22 if Asian) or history of GDM**

YES

NO

If no: Patient does not currently meet program eligibility requirements

Determine if a HbA1C, FPG or OGTT was performed in the past 12 months

YES

NO

Order one of the tests below:

• Hemoglobin A1C (HbA1C)
• Fasting plasma glucose (FPG)
• Oral glucose tolerance test (OGTT)

RESULTS

Diagnostic test

Normal | Prediabetes | Diabetes

HbA1C(%) | < 5.7 | 5.7–6.4 | ≥ 6.5
Fasting plasma glucose (mg/dL) | < 100 | 100–125 | ≥ 126
Oral glucose tolerance test (mg/dL) | <140 | 140–199 | ≥ 200

ACT

Encourage patient to maintain a healthy lifestyle.
Continue with exam/consult. Retest within three years of last negative test.

Refer to diabetes prevention program, provide brochure.
Consider retesting annually to check for diabetes onset.

Confirm diagnosis; retest if necessary.
Counsel patient re: diagnosis.
Initiate therapy.

PARTNER

Communicate with your local diabetes prevention program.

Contact patient and troubleshoot issues with enrollment or participation. At the next visit, ask patient about progress and encourage continued participation in the program.


* These BMI levels reflect eligibility for the National DPP as noted in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures. The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of ≥23 for Asian Americans and ≥25 for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.

** History of GDM = eligibility for diabetes prevention program.
Retrospective prediabetes identification

MEASURE

Query EMR or patient database every 6–12 months using the following criteria:

A. Inclusion criteria:
   - Age ≥18 years and
   - Most recent BMI ≥24* (≥22 if Asian) and
   - A positive lab test result within previous 12 months:
     • HbA1c 5.7–6.4% (LOINC code 4548-4) or
     • FPG 100–125 mg/dL (LOINC code 1558-6) or
     • OGTT 140–199 mg/dL (LOINC code 62856-0) or
     - History of gestational diabetes (ICD-9: V12.21; ICD-10: Z86.32)

B. Exclusion criteria:
   - Current diagnosis of diabetes (ICD-9: 250.xx; ICD-10: E10.x, E11.x, E13.x and O24.x) or
   - Current Insulin use

Generate a list of patient names with relevant information

ACT

Use the patient list to:

A. Contact patients to inform of risk status, explain prediabetes, and share info on diabetes prevention programs, and/or

B. Send patient info to diabetes prevention program provider
   - Program coordinator will contact patient directly, and

C. Flag medical record for patient’s next office visit

PARTNER

Discuss program participation at next visit

* These BMI levels reflect eligibility for the National DPP as noted in the CDC Diabetes Prevention Recognition Program Standards and Operating Procedures. The American Diabetes Association (ADA) encourages screening for diabetes at a BMI of ≥23 for Asian Americans and ≥25 for non-Asian Americans, and some programs may use the ADA screening criteria for program eligibility. Please check with your diabetes prevention program provider for their specific BMI eligibility requirements.
Consider screening all people starting at age 45, if BMI ≥25kg/m² and have additional risk factors, start screening earlier and more frequently (i.e. every 1-3 yrs based on risk)

Obtain A1C, fasting plasma glucose (FPG) or 75gm oral glucose tolerant test (OGTT)

Patient diagnosed with prediabetes or diabetes?

Yes

Does patient have diabetes?

No

Initiate lifestyle interventions for treatment of prediabetes; establish achievable targets/goals with patient; examples include:

- **Weight loss**: 5-7% total body weight
- **Physical activity**: 150 minutes/week (examples include walking, biking, dancing, swimming, pilates, yoga)

Structured programs such as those based on Diabetes Prevention Program, Weight Watchers, Curves, YMCA, and health clubs should be considered

Follow-up: Every 3 months

Is patient achieving targets?

No

Consider starting metformin* if no contradictions and if any of the following: BMI>35kg/m²; age < 55 years; FPG 120 - 125mg/dL

**Starting Dose**: 500mg QD with food

Increase dose every 1-2 weeks, to achieve clinically effective dose of 1500-2000 mg/day, based on tolerability

Follow-up: Every 1-3 months

Yes

Continue to screen every three years or more frequently with risk factors

Risk Factors for Prediabetes and Type 2 Diabetes

- 1st degree relative with diabetes
- Habitually physically inactive
- Hypertension (≥140/90 mmHg or on therapy)
- HDL <35mg/dL and/or triglyceride >250mg/dL
- A1C ≥5.7%, IGT or IFG on previous testing
- Previous gestational diabetes or large-for-gestational age infant (>9lbs.)
- History of cardiovascular disease
- Acanthosis Nigricans, severe obesity
- Polycystic Ovary Syndrome (PCOS)
- High risk ethnic group (Latino, African American, Asian American, American Indian, Pacific Islander)

Diagnostic Criteria for Prediabetes and Diabetes (A1C in % and glucose values in mg/dL)

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Prediabetes</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1C</td>
<td>≤5.6</td>
<td>5.7-6.4</td>
<td>≥6.5</td>
</tr>
<tr>
<td>FPG</td>
<td>&lt;100</td>
<td>100-125</td>
<td>≥126</td>
</tr>
<tr>
<td>2 hr 75gm OGTT</td>
<td>&lt;140</td>
<td>140-199</td>
<td>≥200</td>
</tr>
<tr>
<td>RPG</td>
<td>&lt;140</td>
<td>N.A.</td>
<td>≥200 + symptoms</td>
</tr>
</tbody>
</table>

Confirm diagnosis on subsequent day unless evidence of unequivocal hyperglycemia; consider OGTT for patients with symptoms of diabetes and normal or impaired fasting plasma glucose (IFG)

Offer positive feedback, continue to reinforce lifestyle changes; screen for diabetes every 6-12 months

Common ICD-10 Codes for Diabetes Screening

- Z13.1  Diabetes Screening
- R73.01 Impaired Fasting Glucose
- R73.02 Impaired Glucose Tolerance (oral)
- E66.8  Obesity

CPT Codes for Diabetes Screening

- CPT 83036  Hemoglobin A1C
- CPT 82947 Fasting Plasma Glucose Test
- CPT 82950 Post-meal Glucose
- CPT 82951 Oral Glucose Tolerance Test

Medicare covers one glucose test/year if never previously tested, one test/year if previously tested and not diagnosed with prediabetes and two tests/year for individuals with prediabetes

*Off-label use of Metformin, based on Diabetes Prevention Program

Minnesota Department of Health Diabetes Steering Committee and International Diabetes Center, Minneapolis, MN
### International Classification of Diseases (ICD)-9 and ICD-10 for prediabetes and diabetes screening

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Z13.1</td>
<td>Encounter for screening for diabetes mellitus</td>
<td>V77.1</td>
<td>Diabetes screening</td>
</tr>
<tr>
<td>R73.09</td>
<td>Other abnormal glucose</td>
<td>790.29</td>
<td>Abnormal glucose</td>
</tr>
<tr>
<td>R73.01</td>
<td>Impaired fasting glucose</td>
<td>790.21</td>
<td>Impaired fasting glucose</td>
</tr>
<tr>
<td>R73.02</td>
<td>Impaired glucose tolerance (oral)</td>
<td>790.22</td>
<td>Impaired glucose tolerance (oral)</td>
</tr>
<tr>
<td>R73.9</td>
<td>Hyperglycemia, unspecified</td>
<td>790.29</td>
<td>Other abnormal glucose NOS</td>
</tr>
<tr>
<td>E66.01</td>
<td>Morbid obesity due to excess calories</td>
<td>278.01</td>
<td>Morbid Obesity</td>
</tr>
<tr>
<td>E66.09</td>
<td>Other obesity due to excess calories</td>
<td>278.00</td>
<td>Obesity (NOS)</td>
</tr>
<tr>
<td>E66.8</td>
<td>Other obesity</td>
<td>278.00</td>
<td>Obesity (NOS)</td>
</tr>
<tr>
<td>E66.9</td>
<td>Obesity, unspecified</td>
<td>278.00</td>
<td>Obesity (NOS)</td>
</tr>
<tr>
<td>E66.3</td>
<td>Overweight</td>
<td>278.02</td>
<td>Overweight</td>
</tr>
<tr>
<td>Z68.3x</td>
<td>Body mass indexes 30.0-39.9 (adult)</td>
<td>V85.30-V85.39</td>
<td>Body mass indexes 30.0-39.9 (adult)</td>
</tr>
<tr>
<td>Z68.4x</td>
<td>Body mass indexes ≥40.0 (adult)</td>
<td>V85.41-V85.45</td>
<td>Body mass indexes 30.0-39.9 (adult)</td>
</tr>
</tbody>
</table>

### Current Procedural Terminology (CPT*) for diabetes screening tests

<table>
<thead>
<tr>
<th>CPT E/M codes for prevention-related office visits</th>
<th>CPT codes for office-based laboratory testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Visit New Patient Commercial/Medicaid</td>
<td>99381-99387</td>
</tr>
<tr>
<td>Preventive Visit Established Patient Commercial/Medicaid</td>
<td>99391-99397</td>
</tr>
<tr>
<td>Annual Wellness Visit Initial Medicare</td>
<td>G0438</td>
</tr>
<tr>
<td>Annual Wellness Visit Subsequent Medicare</td>
<td>G0439</td>
</tr>
</tbody>
</table>

(Continued on next page)
**Current Procedural Terminology (CPT®) for diabetes screening tests**

<table>
<thead>
<tr>
<th>CPT E/M codes for prevention-related office visits</th>
<th>CPT codes for office-based laboratory testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Preventive Counseling* Commercial/Medicaid</td>
<td></td>
</tr>
<tr>
<td>99401 – Approx 15min</td>
<td></td>
</tr>
<tr>
<td>99402 – Approx 30min</td>
<td></td>
</tr>
<tr>
<td>99403 – Approx 45min</td>
<td></td>
</tr>
<tr>
<td>99404 – Approx 60min</td>
<td></td>
</tr>
<tr>
<td>Face-to-Face Obesity</td>
<td>G0447 – 15 minutes</td>
</tr>
<tr>
<td>Counseling for Obesity† Medicare</td>
<td></td>
</tr>
</tbody>
</table>

These codes may be useful to report services/tests performed to screen for prediabetes and diabetes.

* Preventive codes 99381-99397 include counseling and cannot be combined with additional counseling codes. If significant risk factor reduction and/or behavior change counseling is provided during a problem-oriented encounter, additional preventive counseling may be billed. In this case, modifier 25 code may allow for payment for both services, although this may vary by payer. Reimbursement for this code is not guaranteed.

† Must be billed with an ICD code indicating a BMI of 30 or greater. Medicare does not allow billing for another service provided on the same day.
DO YOU HAVE PREDIABETES?

Prediabetes Risk Test

1. How old are you?
   - Less than 40 years (0 points)
   - 40—49 years (1 point)
   - 50—59 years (2 points)
   - 60 years or older (3 points)

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 status?
   (see chart at right)

Write your score in the box.

---

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight (lbs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4' 10&quot;</td>
<td>119-142</td>
</tr>
<tr>
<td>4' 11&quot;</td>
<td>124-147</td>
</tr>
<tr>
<td>5' 0&quot;</td>
<td>128-152</td>
</tr>
<tr>
<td>5' 1&quot;</td>
<td>132-157</td>
</tr>
<tr>
<td>5' 2&quot;</td>
<td>136-163</td>
</tr>
<tr>
<td>5' 3&quot;</td>
<td>141-168</td>
</tr>
<tr>
<td>5' 4&quot;</td>
<td>145-173</td>
</tr>
<tr>
<td>5' 5&quot;</td>
<td>150-179</td>
</tr>
<tr>
<td>5' 6&quot;</td>
<td>155-185</td>
</tr>
<tr>
<td>5' 7&quot;</td>
<td>159-190</td>
</tr>
<tr>
<td>5' 8&quot;</td>
<td>164-196</td>
</tr>
<tr>
<td>5' 9&quot;</td>
<td>169-202</td>
</tr>
<tr>
<td>5' 10&quot;</td>
<td>174-208</td>
</tr>
<tr>
<td>5' 11&quot;</td>
<td>179-214</td>
</tr>
<tr>
<td>6' 0&quot;</td>
<td>184-220</td>
</tr>
<tr>
<td>6' 1&quot;</td>
<td>189-226</td>
</tr>
<tr>
<td>6' 2&quot;</td>
<td>194-232</td>
</tr>
<tr>
<td>6' 3&quot;</td>
<td>200-239</td>
</tr>
<tr>
<td>6' 4&quot;</td>
<td>205-245</td>
</tr>
</tbody>
</table>

You weigh less than the amount in the left column (0 points)

Add up your score.

---

If you scored 5 or higher:

You’re likely to have prediabetes and are at high risk for type 2 diabetes. However, only your doctor can tell for sure if you do have type 2 diabetes or prediabetes (a condition that precedes type 2 diabetes in which blood glucose levels are higher than normal). Talk to your doctor to see if additional testing is needed.

Visit DoIHavePrediabetes.org for more information on how to make small lifestyle changes to help lower your risk.

Lower Your Risk

Here’s the good news: it is possible with small steps to reverse prediabetes - and these measures can help you live a longer and healthier life.

If you are at high risk, the best thing to do is contact your doctor to see if additional testing is needed.

Type 2 diabetes is more common in African Americans, Hispanic/Latinos, American Indians, Asian Americans and Pacific Islanders.

Higher body weights increase diabetes risk for everyone. Asian Americans are at increased diabetes risk at lower body weights than the rest of the general public (about 15 pounds lower).

For more information, visit us at

DoIHavePrediabetes.org
¿TIENE PREDIABETES?
Prueba de riesgo de la diabetes

1. ¿Qué edad tiene?
   Menos de 40 años (0 puntos)
   40-49 años (1 punto)
   50-59 años (2 puntos)
   60 años o más (3 puntos)

2. ¿Es usted hombre o mujer?
   Hombre (1 punto)
   Mujer (0 puntos)

3. ¿Es mujer, ¿tuvo alguna vez diabetes gestacional (glucosa/azúcar alta durante el embarazo)?
   Sí (1 punto)
   No (0 puntos)

4. ¿Tiene familiares (mamá, papá, hermano, hermana) que padecen diabetes?
   Sí (1 punto)
   No (0 puntos)

5. ¿Alguna vez le ha dicho un profesional de la salud que tiene presión arterial alta (o hipertensión)?
   Sí (1 punto)
   No (0 puntos)

6. ¿Realiza algún tipo de actividad física?
   Sí (0 puntos)
   No (1 punto)

7. ¿Cuál es su peso? (Anote el puntaje correspondiente a su peso según la tabla a la derecha).

Si su puntuación es de 5 o más:
Es muy probable que tenga prediabetes y tenga un riesgo alto de contraer diabetes tipo 2. Sin embargo, sólo su médico puede decir con seguridad si tiene diabetes tipo 2 o prediabetes (una afección que precede a la diabetes tipo 2 en la cual los niveles de glucosa en la sangre son más altos de lo normal). Hable con su médico para ver si es necesario realizar alguna prueba adicional.

La diabetes tipo 2 es más común en afroamericanos, hispanos/latinos, amerindios y asiático-americanos e isleños del Pacífico.

Un peso corporal mayor aumenta el riesgo de diabetes. Los asiático-americanos tienen un mayor riesgo de diabetes en los pesos corporales más bajos que el resto de la población en general (alrededor de 15 libras más bajo).

Para obtener más información, visiten en PodriaTenerPrediabetes.org


REDUZCA SU RIESGO
Tenemos buenas noticias: con pequeños pasos, es posible revertir la prediabetes, y estas medidas pueden ayudarlo a vivir una vida más larga y saludable.

Si tiene un riesgo alto, lo mejor que puede hacer es contactar a su médico para ver si es necesario realizar alguna prueba adicional.

Visite PodriaTenerPrediabetes.org para obtener más información sobre cómo puede comenzar a hacer pequeños cambios en su estilo de vida que ayudarán a reducir su riesgo.

Para obtener más información, visítenos en PodriaTenerPrediabetes.org
Patient Referral Form to the Diabetes Prevention Program

Diabetes Prevention Program Providers:
YMCA OF GREATER OMAHA
5404 S 168th St
Omaha, NE  68135
Phone: 402-977-4326
Email: mbw@metroymca.org

UNMC ENGAGE WELLNESS
730 S 38th Ave
Omaha, NE  68105
Phone: 402-522-7210  Fax: 402-552-7209
Email: jeannie.hannan@unmc.edu

Healthcare provider recommendation for an adult patient to participate in a lifestyle change program that is focused on reducing the patient’s risk of developing diabetes and improving quality of life.

I am recommending: ____________________       __________       ____________________
(First Name)                 (Middle Initial)   (Last Name)

Based on the following eligibility criteria:

☐ 18 years or older
☐ BMI ≥ 24 kg/m^2 (≥ 22 if Asian)
☐ Diagnosis of prediabetes or GDM based on (check one or more)
   ☐ Fasting blood glucose (range 100-125 mg/dl)
   ☐ 2-hour glucose (range 140-199 mg/dl)
   ☐ HbA1c (range 5.7-6.4)
   ☐ Previous GDM (may be self-reported)

Health Care Provider Information
Signature of Provider/Representative: _______________________________ Date: __________
Printed Name: _________________________________________________________________
Clinic: _______________________________________________________________________
Clinic Address: ________________________________________________________________
Clinic Phone: ____________________________ Clinic Fax: ____________________________
(Important for updates on patient involvement)

Patient Consent
I am interested in changing my lifestyle, losing weight, and decreasing my risk for diabetes. I would like to be contacted by someone from the lifestyle change program for more information and/or to enroll in the program. I understand the program will share periodic updates on my progress with my provider.

Signature: _______________________________ Phone: __________________
Preferred Contact Information:   ☐ Phone  ☐ Text  ☐ Email ________________________

Healthcare Providers: EMAIL or FAX completed form to a DPP Provider listed above
(YMCA and/or UNMC).