**Content for Health Care Provider (HCP) Recommendation Form**

*The recommendation form is a simple, easy-to-fill-out form for HCPs to give their patients who are eligible to participate in the [Organization/Program name] lifestyle change intervention. As with the fact sheet, use the recommendation form in person to reach out to HCPs, email it as a follow up, leave it with HCPs after an in-person visit, or distribute it at an association meeting as informational material. Consider keeping copies of this document on hand at your program site(s) and distribute them at other HCP outreach events.*

RECOMMENDATION FORM

**This is a recommendation for an adult patient to participate in the [Organization/Program name] program. Make a copy and provide the completed form to the patient, who may contact their local program for more information and to enroll.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name) (MI) (Last Name)

Is recommended for enrollment in the [Organization/Program name] Program based on the following eligibility criteria:

18 years or older

BMI **≥** 24 kg/m2 (**≥** 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Organization/Program name] 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 [Organization/Program name] program at:

[Local program name]

[Program contact name]

[Address 1]

[Address 2]

[Phone number]

[Email address]