

REFERRAL FORM

SOUTHEAST DIABETES FAITH INITIATIVE

I refer my patient,

(FIRST NAME)

(MI)

(LAST NAME)

Participate in the Southeast Diabetes Faith Initiative (SDFI) lifestyle change program utilizing the PreventT2 curriculum based on the following eligibility criteria:

- ✓ 18 years or older BMI $\geq 25\text{kg}/\text{m}^2$ (≥ 23 if Asian)
- ✓ No previous diagnosis of type 1 or type 2 diabetes
- ✓ Diagnosis of prediabetes within 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):

PROVIDER SIGNATURE

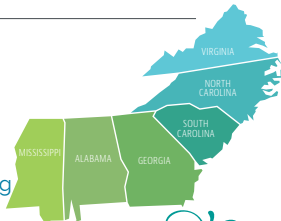
DATE

PROVIDER NAME



SOUTHEAST DIABETES FAITH INITIATIVE

State Manager: Tanya Henderson, PhD, MBA
202.277.5872 / thenderson@balmingilead.org
www.BalmInGilead.org/SDFI



Keep a copy and give the completed form to the patient, who should contact this local program for more information and to enroll.

SOUTHEAST DIABETES FAITH INITIATIVE
A PROGRAM OF THE BALM IN GILEAD