



National
Kidney
Foundation™ of
Hawaii

YMCA'S DIABETES PREVENTION PROGRAM REFERRAL FORM



PROGRAM GOALS:

1. Reduce body weight by 7%.
2. Increase physical activity to at least 150 minutes per week.

PATIENT INFORMATION:

Name: _____ DOB: _____ Male Female
Last First MI (mm/dd/yyyy) (mark one)

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Insurance: _____ Policy #: _____

QUALIFICATION VERIFICATION: (CHECK AND COMPLETE RPM)

Patient has been qualified based on one of the following criteria:

- A1c: _____ (5.7 - 6.4%)
- Fasting Plasma Glucose: _____ (100-125mg/dL)
- 2-hour (75 gm glucola) Plasma Glucose: _____ (140-199 mg/dL)
- Diagnosis of gestational diabetes during previous pregnancy
- CDC or ADA Risk Assessment Test

I am referring this patient to the YMCA's Diabetes Prevention Program based on this qualification AND their BMI (BMI must be ≥23 if Asian or ≥25 if other)

Is patient Asian? Yes No

Height: _____ ft _____ in Weight: _____ lbs (Capture date: ____/____)
mm yyyy

BMI = _____ (≥25, ≥23 if Asian – see page 2 for BMI tool)

REFERRER/PCP INFORMATION:

Patient's PCP: _____ Same as referrer? Yes No

If no, referrer name, number, & role in patient's care: _____
name number role

PCP Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

- I talked to the patient about this referral. They are aware it is a yearlong lifestyle change program.
- I would like to receive information about my patient's progress at the following touch points:
 - Referral received, contact with patient made, and patient accepted or declined program participation
 - Patient enrollment (if patient authorizes release of information)
 - Status at week 8 and 16 of the program (if patient authorizes release of information)

Please submit completed referral form by secure FAX **844.763.3215** or email (below)

Questions? Contact our Program Coordinator, Noël Gibeau: **808.589.5906** | programs@kidneyhi.org

FOR OFFICE USE ONLY

Initial call _____ Patient interest Yes No PCP f/u call on _____ w/ _____
1 2 3 4 5

Preferred location(s) _____ Current schedule(s) _____ okay Yes No

Notes

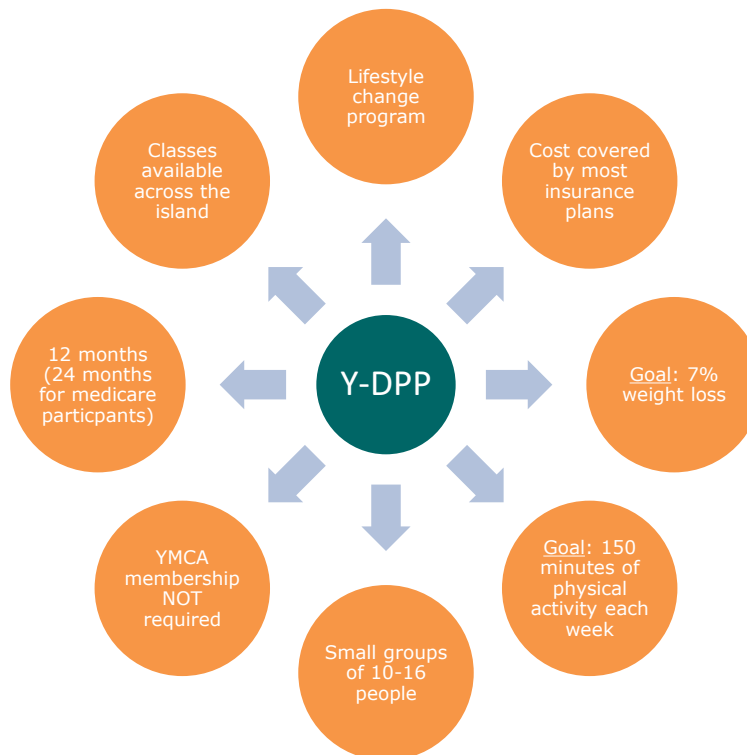
BMI TOOL FOR ASSESSING YDPP QUALIFICATION:

HEIGHT	WEIGHT*	WEIGHT* (if Asian)
4'10"	119	110
4'11"	124	114
5'0"	128	118
5'1"	132	122
5'2"	136	126
5'3"	141	130
5'4"	145	134
5'5"	150	138
5'6"	155	142
5'7"	159	146
5'8"	164	151
5'9"	169	155
5'10"	174	160
5'11"	179	165
6'0"	184	169
6'1"	189	174
6'2"	194	179
6'3"	200	184
6'4"	205	189

* in pounds

Find height on the chart above. If weight is as much as or more than the weight listed for height, BMI qualifies for YDPP. Asian individuals may be at higher risk for developing prediabetes or type 2 diabetes at a lower body weight. Therefore, for Asian individuals, use specified weight column.

PROGRAM TALKING POINTS FOR CARE PROVIDERS:



HELPFUL LINKS:

ADA Risk Assessment Tests - <https://www.diabetes.org/risk-test> - a score of ≥ 5 is high risk

National Kidney Foundation Hawaii website for program updates and offerings - <https://kidneyhi.org/>