

RECOMMENDATION FORM



This is a recommendation for an adult patient to participate in the PreventT2 program. Make a copy and provide the completed form to the patient, who may contact his/her local program for more information and to enroll.

(First Name) (MI) (Last Name)

Is recommended for enrollment in the PreventT2 lifestyle change program based on the following eligibility criteria:

- ✓ 18 years or older
- ✓ BMI \geq 24 kg/m² (\geq 22 if Asian)
- ✓ No previous diagnosis of type 1 or type 2 diabetes
- ✓ Diagnosis of prediabetes in 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)

Health Care Provider Information

Signature: _____ Date: _____

Name: _____

Address: _____

Phone: _____

PreventT2 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 PreventT2 program at:

Insert Local program name
Insert Program contact name
Insert Address 1
Insert Address 2
Insert Phone number
Insert Email address