



RECOMMENDATION FORM FOR THE NATIONAL DIABETES PREVENTION PROGRAM

This is a recommendation for a patient to participate in the lifestyle change program recognized or pending recognition by the Centers for Disease Control and Prevention as a part of the National Diabetes Prevention Program.

I AM RECOMMENDING _____ ENROLL IN
FIRST NAME MI LAST NAME

THE NATIONAL DIABETES PREVENTION PROGRAM BASED ON THE FOLLOWING ELIGIBILITY CRITERIA:

Criteria 1:

- ☐ 18 years or older with a BMI $\geq 24\text{Kg/m}^2$ ($\geq 22\text{Kg/m}^2$ if Asian) and readiness to change.

Criteria 2: must fulfill at least one of the following:

1. A SCORE OF 9 OR MORE ON THE FOLLOWING TEST:

WOMAN WHO HAS HAD A BABY
WEIGHING MORE THAN 9 POUNDS AT BIRTH _____ 1

HAS A SISTER OR BROTHER WITH DIABETES _____ 1

HAS A PARENT WITH DIABETES _____ 1

IS YOUNGER THAN 65 YEARS OF AGE AND
GETS LITTLE OR NO EXERCISE IN A TYPICAL DAY _____ 5

IS BETWEEN 45 AND 64 YEARS OF AGE _____ 5

IS 65 YEARS OF AGE OR OLDER _____ 9

WEIGHS AS MUCH OR MORE THAN THE WEIGHT
LISTED FOR THEIR HEIGHT ON THE CHART BELOW _____ 5

☐ TOTAL ≥ 9

2. ☐ HISTORY OF GESTATIONAL DIABETES (documentation not required)

3. DIAGNOSIS OF PREDIABETES 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)

WEIGHT CHART (IN POUNDS)*

HEIGHT	WEIGHT	HEIGHT	WEIGHT
4'10"	129	5'7"	172
4'11"	133	5'8"	177
5'0"	138	5'9"	182
5'1"	143	5'10"	188
5'2"	147	5'11"	193
5'3"	152	6'0"	199
5'4"	157	6'1"	204
5'5"	162	6'2"	210
5'6"	167	6'3"	216
		6'4"	221

*Corresponds to BMI ≥ 27

HEALTHCARE PROVIDER INFORMATION

Name (please print): _____

Signature: _____

Date: _____

Upon completion, this form may be given to your patient directly or faxed securely to the New Mexico Department of Health – Diabetes Prevention and Control Program at 505-476-7622.

For more information, call 888-523-2966 or go to StopDiabetesNM.org.

New Mexico Diabetes Prevention and Control Program