

PMSI Diabetes Prevention Education Referral

PARTICIPANT INFORMATION

Name: _____	Date of Birth: _____
Address: _____	Currently all DPP is done virtually
City _____ Postal Code _____	Email to be used for WebEx
Contact Phone: _____ Other _____	_____

_____ This patient is recommended for diabetes prevention education based on the following criteria:

- BMI \geq 24 (\geq 22 if Asian)
- Scored \geq 9 on CDC prediabetes screening test (attached)
- Family history of diabetes
- Previous diagnosis of gestational diabetes
- Diagnosis of prediabetes in the past year based on:
 - 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

HEALTHCARE PROVIDER INFORMATION

Name: _____	Signature: _____
Practice: _____	Phone: _____
Address: _____	Fax: _____
City _____ Postal Code _____	

Participant Insurance Information:

DIABETES PREVENTION PROGRAM CONTACT INFORMATION

Chris Yocom, DM Educator, DPP Coach 484-252-3310 cyocom@pmsiforlife.com	Debbie Zlomek, RN, CDCES 484-318-0566 dzlomek@pmsiforlife.com	Amanda Kulp, MA 484-318-6562 akulp@pmsiforlife.com
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