

PMSI Diabetes Prevention Education Referral

PARTICIPANT INFORMATION

Name: _____	Date of Birth: _____
Address: _____	Email: _____
City _____ Postal Code _____	_____
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

Please contact Amanda Kulp, MA at 484-318-6562 or akulp@pmsiforlife.com

To get your patient started in our Diabetes Prevention Program.

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