



Recommendation Form for the  
National Diabetes Prevention Program

This is a recommendation for an adult 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: \_\_\_\_\_  
(First Name) (MI) (Last Name)

enroll in the National Diabetes Prevention Program lifestyle change program based on the following eligibility criteria:

- 18 years or older
- BMI  $\geq 24$  kg/m<sup>2</sup> ( $\geq 22$  if Asian)
- Diagnosis of prediabetes or GDM 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)
  - Previous GDM (may be self-reported)

Health Care Provider Information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\*Make a copy and provide the completed form to the patient, who may contact this local program for more information and to enroll: