

Health care practitioner referral form to the YMCA's Diabetes Prevention Program

Email:

Phone:

Fax:

PATIENT INFORMATION			
First name	Address		
Last name	City		
Gender	State		
Birth date	ZIP code		
Email address	Phone		
By providing your information above, you authorize your health care practitioner to provide this information to the YMCA, who may in turn use this information to communicate with you regarding the YMCA's Diabetes Prevention Program.			
PRACTITIONER INFORMATION (COMPLETED BY HEALTH CARE PRACTITIONER)			
Physician	Address		
Practice contact	City		
Phone	State		
Fax	ZIP code		
SCREENING INFORMATION			
Exam or lab test date:	BLOOD TEST USED FOR SCREENING		
Height	Test used (check one)	Eligible range	Test result
Weight	<input type="checkbox"/> Hemoglobin A1C	5.7–6.4%	_____
BMI (see back for chart)	<input type="checkbox"/> FPG	100–125 mg/dL	_____
	<input type="checkbox"/> 2h PG in OGTT	140–199 mg/dL	_____
By signing this form, I authorize my physician to disclose my diabetes screening results to the YMCA for the purpose of determining my eligibility for the YMCA's Diabetes Prevention Program and conducting other activities as permitted by law.			
I understand that I am not obligated to participate in this diabetes screening program and that this authorization is voluntary.			
I understand that I may revoke this authorization at any time by notifying my physician in writing. Any revocation will not have an effect on actions taken before my physician received my written revocation.			
Date	Patient signature	OPTIONAL	

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BMI Calculation chart

HEIGHT	100	110	120	130	140	150	160	170	180	190	200	210	220	230	240	250	260	270	280	290	300	310	320	330	340	350	360	370	380	390	400	
5'0"	19	21	23	25	27	29	31	33	35	37	39	41	43	45	47	49	51	53	55	57	59	61	63	65	67	69	71	72	74	76	78	
5'1"	18	20	22	24	26	28	30	32	34	36	37	39	42	44	45	47	49	51	53	55	57	59	61	63	64	66	68	70	72	74	76	
5'2"	18	20	22	23	25	27	29	31	33	34	36	38	40	42	44	46	48	50	51	53	55	57	59	61	62	64	66	68	70	72	73	
5'3"	17	19	21	23	24	26	28	30	32	33	35	37	39	41	43	44	46	48	50	52	53	57	59	60	62	64	66	67	69	71		
5'4"	17	18	20	22	24	25	27	29	31	32	34	36	38	40	41	43	45	46	48	50	52	53	55	57	59	60	62	64	65	67	69	
5'5"	16	18	20	21	23	25	26	28	30	31	33	35	37	38	40	42	43	45	47	48	50	52	53	55	57	58	60	62	63	65	67	
5'6"	16	17	19	21	22	24	25	27	29	30	32	34	36	37	39	40	42	44	45	47	48	49	50	52	53	55	57	58	60	62	63	
5'7"	15	17	18	20	21	22	24	25	26	28	29	31	33	35	36	38	39	41	42	44	46	47	49	50	52	53	55	57	58	60	61	63
5'8"	15	16	18	19	21	22	24	25	27	28	29	31	33	34	36	37	38	40	41	43	44	46	47	49	50	52	53	55	56	58	59	61
5'9"	14	16	17	19	20	22	23	25	26	28	29	31	33	34	36	37	39	40	41	43	44	46	47	49	50	52	53	55	56	58	59	
5'10"	14	15	17	18	20	21	23	24	25	27	28	30	32	33	35	36	37	39	40	42	43	45	46	47	49	50	52	53	55	56	58	
5'11"	14	15	16	18	19	21	22	23	25	26	28	29	31	32	34	35	36	38	39	41	42	43	45	46	48	49	50	52	53	55	56	
6'0"	13	14	16	17	19	20	21	23	24	25	27	28	30	31	33	34	35	37	38	39	41	42	44	45	46	48	49	50	52	53	54	
6'1"	13	14	15	17	18	19	21	22	23	25	26	27	29	30	32	33	34	36	37	38	39	41	42	44	45	46	48	49	50	52	53	
6'2"	12	14	15	16	18	19	20	21	23	24	25	27	28	30	31	32	33	35	36	37	38	39	41	42	44	45	46	48	49	50	51	
6'3"	12	13	14	16	17	18	19	21	22	23	24	26	28	29	30	31	32	33	34	35	36	38	39	40	41	43	44	45	46	48	49	50
6'4"	12	13	14	15	17	18	19	20	21	23	24	26	27	28	29	31	32	33	34	35	36	37	38	39	40	41	43	44	45	46	48	49
6'5"	11	13	14	15	16	17	19	20	21	22	24	25	26	27	29	30	31	32	33	34	35	36	37	38	39	40	41	43	44	45	46	48

Blue Underweight: Less than 18.5 **Green** Healthy Weight: 18.5 - 24.9 **Yellow** Overweight: 25 - 29.9 **Orange** Obese: 30 - 39.9 **Red** Extreme Obesity: 40 or greater

BMI stands for "BODY MASS INDEX" which is an estimate of total body fat based on height and weight. It is used to screen for weight categories that may lead to health problems. THE GOAL for most people is to have a BMI in the green area. It is usually best for your BMI to stay the same over time or to gradually move toward the green area.