



**Community Based Lifestyle Change Programs**  
**Referral Form**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

**OR**



**Diabetes Prevention Program – (Group Lifestyle Balance Class)**

**Diagnosis of Prediabetes**

- R73.01 Impaired fasting glucose
- R73.02 Impaired glucose tolerance
- R73.09 Other abnormal glucose/Prediabetes

**Paper risk test result >5**

**Blood Test:**

**Hemoglobin A1c (Prediabetes Range 5.7-6.4%)**      **Result:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Other prediabetes qualifying blood test (FBS, OGTT)**      **Result:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Hypertension Program (Blood Pressure Self-Monitoring, DASH Diet and Exercise Class)**

**Tobacco Cessation Program**

Provider Name (or Stamp): \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

**Fax to: (509) 232-8151**

**No attachments necessary**

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