## RECOMMENDATION FORM





This is a recommendation for an adult patient to participate in the PreventT2 program. Make a copy and provide the completed form to the patient, who may contact his/her local program for more information and to enroll.		
(First Name)	(MI)	(Last Name)
Is recommended for enrol following eligibility criteri	_	e change program based on the
✓ Diagnosis of predi ☐ HbA1C: 5.7%-6. ☐ Fasting plasma ☐ 2-hour plasma	osis of type 1 or type 2 diabete abetes in the past year or GDM	1 based on (check one or more) load): 140-199 mg/dL
	Health Care Provider Info	rmation
Signature:		Date:
Name:		
Address:		
Phone:		
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PreventT2 is part of the National Diabetes Prevention Program, led by the Centers for Disease Control and Prevention (CDC). It is a proven program to prevent or delay type 2 diabetes in high-risk patients.

For more information, contact your local PreventT2 program at:

NYC Diabetes Prevention Program

With HEOW's lifestyle change program, you get:

- -A 12-month program proven to prevent or delay type 2 diabetes
- -Weekly in-person meetings for the first 6 months, then once or twice a month for the second 6 months
- -Support from others like you as you learn new skills

Participants are encouraged to commit to attending the first 16 core weekly sessions, then 6 additional maintenance sessions in the subsequent 6 months.

Please visit www.heow.org for more information.