HealthPlan OF SAN MATEO
Healthy is for everyone

Diabetes Prevention Program (DPP) Provider Referral Form

Please fill out the information below and fax to HPSM at **650-616-8235** or email to **HealthEducationRequest@hpsm.org**.
If you have any questions, call the Health Promotion Unit at **650-616-2165**.
Member must meet the criteria listed on our website.

Member information

Referral Date:

Member ID#:

HPSM plan: CareAdvantage / Medi-Cal

Member's name:

Date of Birth: Gender:

Phone: Preferred language:

Street address:

City, State, Zip:

Additional diagnosis:

Height: feet inches Date: Weight: pounds Date:

Body Mass Index: Date:

Previous type 1 or type 2 diabetes diagnosis? Yes No

Pregnant? Yes No

Diagnosed with end-stage renal disease? Yes No

Member must meet one of the following requirements:

HbA1c Reading % Date

Fasting plasma glucose
- 100–125 mg/dL (Medi-Cal members only)
- 110–125 mg/dL (CareAdvantage members only)

Reading mg/dL Date

2 hour plasma glucose Reading mg/dL Date

Previous gestational diabetes diagnosis (Medi-Cal members only) Yes No Date of diagnosis:

Referring Provider or Facility

Provider name: First MI Last

Referring provider type:

Clinic:

Phone: Fax: Email:

Primary care provider (if different than referring provider)

Name: