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, feel free to call the Health Education line at **650-616-2165**.

Member must meet the criteria below

- 18 or older
- BMI of at least 25, or at least 23 if self-identified as Asian
- A blood test within the past 12 months: HbA1c test with a value between 5.7% and 6.4%, or a fasting plasma glucose of 100-125mg/dL, or a 2-hour plasma glucose of 140-199 mg/dL; Or for Medi-Cal members only- a previous gestational diabetes diagnosis
- No previous diagnosis of type 1 or type 2 diabetes
- Not have end-stage renal disease
- Not pregnant

Member information

Referral Date

Member's Name:

DOB: Gender:

Phone: Preferred Language:

Street Address:

City, State, Zip:

Additional diagnosis:

Height ft in Date Weight lb Date

BMI Date

Member ID#:

HPSM Plan:

CareAdvantage CMC

HPSM Medi-Cal

Member must meet 1 of the following requirements:

HbA1c Reading % Date

Fasting plasma glucose 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

Provider type:

Primary Care Provider Name if different than referring provider:

Clinic:

Phone: Fax: Email: