|  |  |
| --- | --- |
|  | **FAX TO:****PRIME CONTRACTOR**Breast, Cervical & Colon Health ProgramStreet AddressCity/State/Zip code**PHONE:** 000-000-0000 **FAX:** 000-000-0000 |

|  |  |
| --- | --- |
| Client Name: |  |
| DOB: |  |
| Med-IT ID #: |   |
| Referral Program: | [ ]  CDC Blood Pressure Self-Monitoring (4 Months, with Nutrition Classes)[ ]  BP Self-Monitoring w/ Clinical Support/Health Coaching (4 sessions) | [ ]  Lose to Win YMCA[ ]  Big 4 Health Coaching[ ]  Diabetes Prevention Program\* |
| Service Provider: |  |
| Referral Date: |  |

\*To qualify for Diabetes Prevention Program, participants must:

1. Be overweight or Obese (Body Mass Index ≥ 25); and
2. Have a DPP [risk test](https://www.cdc.gov/diabetes/prevention/pdf/Prediabetes-Risk-Test-Final.pdf) value ≥ 5 or blood glucose levels in the prediabetes range

***Completed by Lifestyle (LSP) or Health Coaching (HC) Program****.*

|  |  |  |  |
| --- | --- | --- | --- |
| Session #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | Date: | Session #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | Date: |
| Session #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** | **Session** #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** |
| Session #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** | **Session** #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** |
| Session #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** | **Session** #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** |
| Session #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** | **Session** #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** |
| Session #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** | **Session** #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** |
| Session #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** | **Session** #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** |
| Session #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** | **Session** #\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_ | **Date:** |
| Leader Signature: |  |

*\*Submit with WISEWOMAN Billing Sheet (DOH141-033).*

**Additional Notes:**