|  |  |
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|  | **FAX TO:**  **PRIME CONTRACTOR**  Breast, Cervical & Colon Health Program  Street Address  City/State/Zip code  **PHONE:** 000-000-0000 **FAX:** 000-000-0000 |

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| --- | --- | --- |
| 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****.*

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

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

**Additional Notes:**