

# Healthy Tracks

Cardiovascular Disease and Diabetes Prevention Program

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## INSTRUCTIONS

This form is to be used by a health care provider to make an initial referral to the program, or to provide the required qualification data in response to a patient request.

- Indicate "Eligibility Criteria" below and complete "Concurrence for Exercise"
- Referring Provider provide signature at the bottom of page 2
- Fax forms to:  
Teton County Health Department  
Attn: Glenn Deuchler  
FAX: (406) 466-5292  
PHONE: (406) 466-2562

## ELIGIBILITY CRITERIA – Please check all that apply.

- Age 18 or older
- Overweight – BMI  $\geq$  24 (please provide):  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. BMI: \_\_\_\_\_
- 3. Abnormal Plasma Glucose (Pre-diabetes) (check one if applies):**
  - Fasting plasma glucose 100-125 mg/dl (impaired fasting glucose); or
  - Oral glucose tolerance test (75 gm) with 2-hour plasma glucose 140-199 mg/dl (impaired glucose tolerance)Please provide test result: \_\_\_\_\_ and date: \_\_\_\_\_
- 4. Gestational Diabetes (for women; check one if applies):**
  - Previously diagnosed with gestational diabetes; or
  - Gave birth to a baby weighing 9lbs or more.
- 5. Hypertension (check one if applies):**
  - BP 130/85 or higher: BP: \_\_\_\_\_ Date: \_\_\_\_\_ or
  - On medication for hypertension
- High Triglycerides- 150 mg/dl or above (if applies):**  
Lab result: \_\_\_\_\_ Date: \_\_\_\_\_
- 7. Low HDL (check if applies):**
  - For women: HDL below 50 mg/dl  For men: HDL below 40 mg/dl
  - Lab result: \_\_\_\_\_ Date: \_\_\_\_\_
- 8. Hypercholesterolemia (check one if applies):**
  - High LDL 130 or above: Lab result: \_\_\_\_\_ Date: \_\_\_\_\_
  - On medication for hyperlipidemia.
- Able to understand and participate in lifestyle intervention training classes and coaching

Please comment on this patient's readiness and ability to commit to the Diabetes Prevention Program.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONCURRENCE FOR EXERCISE

An integral element in the Healthy Tracks Diabetes Prevention Program is increased physical activity. Accordingly, Healthy Tracks makes available to participants various opportunities and facilities for physical activity, including swimming, instructor-led cardio workouts, and instructor-led strength training. **In order to ensure that all reasonable efforts are made to provide these activities in a safe manner, please complete the following as appropriate for (patient name):**

\_\_\_\_\_

- This patient can participate in exercise programs without restriction
- This patient can participate in exercise programs. However, he/she has the following physical limitations:  
\_\_\_\_\_  
\_\_\_\_\_
- This patient can participate in exercise programs with the following restrictions:  
\_\_\_\_\_  
\_\_\_\_\_
- This patient cannot participate in exercise programs

*I have reviewed and provided the necessary Eligibility Criteria, and indicated the appropriate Concurrence for Physical Exercise above; and I wish to refer this patient to the Prevention Program on that basis.*

**Referring Physician Name (Printed)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Referring Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_