ENC PREVENT DIABETES

Pitt County Health Dept.
201 Government Drive
Greenville, NC 27834

Physician Referral Form

I would like to refer this patient to the ENC Prevent Diabetes program.

Patient Information

Name: _____ Date of Birth: _____

Address: _____

Work Phone: _____ Cell Phone: _____

Referring Physician Information

Name: _____ Phone: _____ Fax: _____

Medical Information

Diagnosis: _____

Reason for Referral: _____

Height: _____ Weight: _____ BP: _____

❑ BMI ≥ 25 (≥ 23, if Asian) ❑ 18 Years of age or older ❑ Previously diagnosed with Prediabetes

❑ Previously diagnosed with Gestational Diabetes ❑ Family history of Gestational Diabetes

❑ Blood-Based Diagnostic Test Lab Value: _____ Date: _____

- ❑ A1C: 5.7-6.4%
- ❑ Fasting Plasma Glucose: 100-125 mg/dl
- ❑ 2-hour (75 gm glucose load) plasma glucose: 140-199 mg/dl

Have questions call Laquelia Lewis, Program Coordinator at 252-902-2466
or email referrals@encpreventdiabetes.com

Save