

DPP Group Lifestyle Balance (GLB) Program Referral Form

Participant Name: (Last) (First) (MI)

Birthdate: Gender: M F

Height: Weight: BMI:

Non-diabetic individuals age 18 years and older are eligible for the Group Lifestyle Balance (GLB) HEALTHY Lifestyle Intervention Research Project with BMI \geq 25kg/m² and a diagnosis of pre-diabetes **AND/OR** the metabolic syndrome. Your patient was screened and found to be eligible for the study with the following results:

<input type="checkbox"/> Pre-diabetes	<input type="checkbox"/> Metabolic Syndrome	Patient Result
FPG 100-125 mg/dl		
HbA1c 5.7%-6.4%		
Triglycerides \geq 150 mg/dl and/or history of medication Rx for triglycerides		
Blood Pressure \geq 130/85 mm/Hg and/or history of hypertension Rx		
HDL Cholesterol a. Men <40mg/dl b. Women <50mg/dl		
Waist circumference a. Men >102 cm (>40 inches) b. Women >88cm (>35 inches)		

Physician Name: Address:

Phone: Fax: E-mail:

Office Contact Person:

Approval for Physical Activity

The DPP GLB program is a community-based, year-long healthy lifestyle program based on the successful lifestyle intervention utilized in the Diabetes Prevention Program (DPP). The DPP was a large NIH-funded trial that demonstrated that reducing weight by 5-7% and completing 150 minutes per week of moderate physical activity lowered risk for type 2 diabetes by 58% in high risk individuals (NEJM, 2002, 346(6) p. 393-403). The activity goal for the GLB program is the same as that of the DPP: 150 minutes per week of activity similar to brisk walking which is consistent with the Surgeon General's physical activity recommendations for the general public.

In order for your patient to take part in the DPP GLB lifestyle program, we need to know that you approve of their participation as evident by your written permission below. As you know, if your patient has any other medical problems and/or reports being symptomatic during exercise, it is recommended that you consider a thorough medical examination before clearing him/her for this program. If your patient has no disease present and does not report being symptomatic during exercise, then the medical examination may not be necessary.

Signature

Your signature below will reflect your assessment that there is no undue risk to your patient in taking part in the DPP GLB program.

Printed Name: Date:

Signature:

NOTE: THIS IS AN EXAMPLE THAT MAY BE MODIFIED TO MEET LOCAL NEEDS. RELEASE FORMS SHOULD BE REVIEWED FOR APPROPRIATENESS WITH A REPRESENTATIVE FROM THE LOCAL INSTITUTION.

