

## DPP Group Lifestyle Balance (GLB) Physician Contact Form

Physician Name:		Address:	
Phone:	Fax:	E-mail:	
Participant Name: (Last) / /	(First)	(MI)	Date:
Birthdate:	Gender:      M      F		
<p>We are contacting you to inform you that your patient is currently participating in the DPP Group Lifestyle Balance™ Program. 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.</p> <p>We want to ensure that your patient's participation in this lifestyle program is agreeable to you and that they do not have any medical problems that would limit your support for their participation. Please check the box below to indicate <b>whether or not</b> you support your patient's participation in our lifestyle program.</p> <p>Thank you for your time and consideration.</p>			
<input type="checkbox"/> I support my patient's participation in the program  <input type="checkbox"/> I do not support my patient's participation in the program			
Signature			
<b>Please sign below to confirm your assessment regarding your patient's participation in the DPP Group Lifestyle Balance™ Program.</b>			
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.**