



Physician Referral Form



I am referring my patient to the following YMCA program(s).

YMCA Diabetes Prevention Program (for those with pre-diabetes)

One-year program to help adults reduce their risk of converting to full diabetes by learning about physical activity and nutrition, leading to weight loss and risk reduction. **Who is eligible?** Adults with pre-diabetes and BMI of 25+

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Cleveland County Family YMCA | Send to Secure Fax: (704) 482-6655 |
| <input type="checkbox"/> Eastern Carolina YMCA (Twin Rivers) | Send to Secure Fax: (252) 638-3871 |
| <input type="checkbox"/> Goldsboro Family YMCA | Send to Secure Fax: (919) 778-8645 |
| <input type="checkbox"/> Williams YMCA of Avery County | Send to Secure Fax: (828) 737-5504 |
| <input type="checkbox"/> YMCA of Catawba Valley | Send to Secure Fax: (828) 324-2249 |
| <input type="checkbox"/> YMCA of Greater Charlotte | Send to Secure Fax: (833) 804-9456 |
| <input type="checkbox"/> YMCA of Greensboro | Send to Secure Fax: (336) 288-0870 |
| <input type="checkbox"/> YMCA of Northwest North Carolina | Send to Secure Fax: (336) 777-6345 |
| <input type="checkbox"/> YMCA of Rowan County | Send to Secure Fax: (704) 216-9178 |
| <input type="checkbox"/> YMCA of Southeastern North Carolina | Send to Secure Fax: (844) 854-4659 |
| <input type="checkbox"/> YMCA of the Sandhills | Send to Secure Fax: (910) 323-0800 |
| <input type="checkbox"/> YMCA of the Triangle | Send to Secure Fax: (844) 621-2799 |
| <input type="checkbox"/> YMCA of Western North Carolina | Send to Secure Fax: (828) 505-7282 |

Healthy Weight and Your Child

26-session program helping youth reach a healthy weight and live a healthier lifestyle. **Who is eligible?** 7-13 year olds with a BMI of the 95th percentile or higher.

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Williams YMCA of Avery County | Send to Secure Fax: (828) 737-5504 |
| <input type="checkbox"/> YMCA of Northwest North Carolina | Send to Secure Fax: (336) 777-6345 |
| <input type="checkbox"/> YMCA of Southeastern North Carolina | Send to Secure Fax: (844) 854-4659 |
| <input type="checkbox"/> YMCA of the Triangle | Send to Secure Fax: (844) 621-2799 |



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MEDICAL PROVIDER INFORMATION

Medical Provider Name _____ Practice Name _____

Office Phone _____ Office Fax _____

Medical Provider Certification

This patient is:

- Not cleared to exercise at this time
- Cleared to exercise with no restrictions
- Cleared to exercise with the following restrictions _____

I have obtained participant authorization to release information to the YMCA and to include the patient's most recent medical records.

Medical Provider Signature _____ Date _____

PARTICIPANT INFORMATION

Participant Name _____

Address _____ Zip _____

Cell Phone _____ Home Phone _____

Email _____ Insurance Carrier _____

Birthdate _____ Height _____ Weight _____ Gender _____

Signature and consent _____ Date _____

Participant Medical Information

Does the patient have pre-diabetes*? Yes No If yes, date diagnosed _____

***For patients with pre-diabetes or diabetes, please include most recent labs with medical records.**

HbA1c: _____

Fasting Glucose _____

2-hr plasma glucose _____

Oral agent or insulin prescribed? Yes No