

Diabetes Institute

at  Great Lakes Home Healthcare Services

Pre-Diabetes Program

Physician Referral Form

(please fax to (814) 455-9440)

Patient Name _____ DOB _____

Phone _____ Address _____

Blood Glucose Level (fasting, lab drawn test / **not an A1C**) _____

Physician Name _____

Signature _____ Date _____

You currently have a fasting blood glucose level that indicates pre-diabetes. Your physician is recommending follow-up with education and/or blood glucose monitoring. See the details below.

Pre-Diabetes Education Class (2 hours)

A group education class for those who have been diagnosed with pre-diabetes (fasting BG 100-126 mg/dl).

The class will encompass:

- Diabetes diagnostic criteria
- Risk factors
- Basic meal planning
- Exercise and activity
- Blood glucose testing

Participants will receive a class manual and an individualized meal plan based on their height/weight and other health issues.

Fee: \$100.00 (No insurance coverage is available with this diagnosis.)
(If necessary, payment plan can be arranged.)