YMCA DIABETES PREVENTION PROGRAM

PIEDMONT FAMILY YMCA COMMUNITY INTEGRATED HEALTH

Community Integrated Health aims to intentionally strengthen the relationships between traditional health care systems and community-based organizations, like the YMCA, in order to help all community members live their healthiest lives. The PIEDMONT FAMILY YMCA is proud to collaborate with health care providers, clinicians and allied health professionals to support our community in their road to health.

YMCA DIABETES PREVENTION PROGRAM

The YMCA Diabetes Prevention Program is for adults who are at risk for type 2 diabetes. You will learn how to reduce your chances of developing the disease. The program is:
• Led by a trained Lifestyle Coach
• A one-year program: 16 weekly meetings, 3 bi-weekly meetings and 6 monthly meetings

Program Qualifications:
• Must be 18+ years old
• BMI ≥ 25
• HbA1c blood value between 5.7-6.4 or CDC score ≥ 9

Program Goals:
• Reduce body weight by 5-7% by:
  ° Increasing physical activity to 150 min/wk
  ° Monitoring fat gram intake

The Y is open to all. Participants may qualify for a reduced rate based on their income.

STILL HAVE QUESTIONS?
Call 434.974.9622 or visit piedmontymca.org/diabetes for more information.

The YMCA’s Diabetes Prevention Program is part of the Centers for Disease Control and Prevention-led National Diabetes Prevention Program and is nationally supported by the Diabetes Prevention and Control Alliance (“YMCA”) and the National Council of Young Men’s Christian Association of the United States of America (“YMCA of the USA”), have made a commitment to collaborate on efforts to support a national movement to increase awareness and take measures to prevent diabetes and its complications among groups at risk, and to help support treatment outcomes for individuals who have confirmed diagnoses or indications of prediabetes by promoting an effective lifestyle change. The parties referenced above do not warrant or guarantee any specific outcomes for program participants, with respect to diabetes prevention.
Connecting health care providers and the Y to support a seamless continuum of care of health.

**STEP ONE: PATIENT DETAILS***

- First name ____________________________
- Middle name (optional) ____________________________
- Last name ____________________________
- Gender ____________________________
- Date of birth ____________________________
- Height _______ Weight _______ A1c _______

**STEP TWO: PATIENT CONTACT INFORMATION***

- Street 1 ____________________________
- Street 2 (optional) ____________________________
- City ____________________________
- State ____________________________
- Postal code ____________________________
- Phone ____________________________
- Email address ____________________________

**STEP THREE: REFERRAL INFORMATION***

- **Referral Source Information**
  - Doctor/Physician
  - LPN, RN, or NP
  - Diabetes Educator
  - Dietician/Nutritionist
  - Site Manager
  - Pharmacist
  - PT/OT Therapist
  - Community Health Worker
  - Other

- **Practice or Department Name** ____________________________
- **Referrer name** ____________________________
- **Phone** ____________________________
- **Receive updates on your patient referring status:** (optional)
- **Email** ____________________________

Send via a secure fax to 434.326.9422 or submit referrals online

To create a unique, HIPAA compliant URL, email us at communityhealth@piedmontymca.org

**STAFF USE ONLY**

- Membership # _______
- Staff Initials _____ Date _____

*Required