

COMMUNITY INTEGRATED HEALTH

PIEDMONT FAMILY YMCA



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 \geq 25
- HbA1c blood value between 5.7-6.4 or CDC score \geq 9

Program Goals:

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

The YMCA is open to all. The program fee is based on an individual's household 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.

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Connecting care providers and the Y to support a seamless continuum of health care.

STEP 1: PATIENT DETAILS*

First name _____
Last name _____
Gender _____
Date of birth _____

Race/Ethnicity: (optional)

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Hispanic/Latino of any race
- White

STEP 2: PATIENT CONTACT INFORMATION*

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

STEP 3: PROGRAM REFERRAL*

Chronic condition or advisement _____
HbA1c _____
Height _____'; _____"
Weight _____ lbs.

STEP 4: PRACTICE INFORMATION*

Hospital Affiliation or Medical Group

- | | |
|---|---|
| <input type="checkbox"/> Bon Secours | <input type="checkbox"/> Southside Regional |
| <input type="checkbox"/> Centra | <input type="checkbox"/> SVRMC |
| <input type="checkbox"/> CVHS | <input type="checkbox"/> VCU |
| <input type="checkbox"/> HCA | <input type="checkbox"/> UVA |
| <input type="checkbox"/> McGuire Medical Center | <input type="checkbox"/> Local Health Dept. |
| <input type="checkbox"/> Pivot Physical Therapy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Safety Net Clinic | |
| <input type="checkbox"/> Sentara | |

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

Send via a secure fax to 1.888.965.7560 or email communityhealth@piedmontymca.org

For questions, email us at communityhealth@piedmontymca.org

STAFF USE ONLY

Membership # _____
Staff Initials _____ Date _____

*Required

Referral • Updated: 1/19/18