

# National Diabetes Prevention Program









The National Diabetes Prevention Program is a year-long intervention based on the CDC-approved PreventT2 curriculum. Participants meet in small groups with trained lifestyle coaches who empower them to develop skills to help them lose weight, be more active and manage stress to achieve their goals.

Program Highlights:

- Free for Medicare beneficiaries
- Discounted self-pay options available
- Promotes healthy lifestyle
- Provides social support
- Evidence-based
- Since getting married, I had gained 45 pounds. Three years ago I was determined to lose weight and be more active. I had edged toward my goals, but on my own, and I had gotten stuck. I couldn't get more weight off. With support from the acac coaches and my group, I came to recognize and master small habits one-by-one, week-by-week. By changing my lifestyle, I am now where I want to be and my blood sugar is back in the normal range. Garnett M, DPP participant

# Learn more about the DPP program

PROVEN TO REDUCE THE INCIDENCE OF DIABETES BY 58%



### [ ] Refer to p.r.e.p.<sup>®</sup>

p.r.e.p.<sup>®</sup> is acac's Physician Referred Exercise Program that includes full-club access to acac Fitness & Wellness Centers as well as individualized exercise support.

### I recommend this patient for the National Diabetes Prevention Program based on the following criteria:

AND

#### Patient must meet all 4 requirements

- [ ] At least 18 years old
- [ ] BMI > 24 (22 if Asian)
- [ ] Has no previous diagnoses of type 1 or type 2 diabetes
- [ ] Does not suffer from ESRD

#### Patient must meet only 1 requirement

- [ ] Previous diagnosis of gestational diabetes
- [ ] Hemoglobin A1C: 5.7% 6.4%
- [ ] Fasting plasma glucose: 100 125 mg/dL
- [ ] 2-hour plasma glucose (after a 75g glucose): 140 - 199 mg/dL

Patient is cleared for unsupervised exercise. If there are any precautions / special conditions, please list them here.

\_\_\_\_\_

Fax completed form to patient's preferred acac Fitness & Wellness Center location below.

#### PATIENT INFORMATION

Patient name	
Patient phone	
Patient email	
Date of birth	

#### **PROVIDER INFORMATION**

Provider	name			 	
Provider	signati	ure	Х		

Date \_\_\_\_\_

Provider phone \_\_\_\_\_

Provider fax

You will receive progress reports on your patients.

**PROVIDER STAMP:** 

WEST CHESTER, PA phone 610.431.7000 fax 610.884.7909

EAGLEVIEW, PA phone 610.425.3188 fax 610.884.7909

MIDLOTHIAN, VA phone 804.378.1600 fax 804.597.2167

SHORT PUMP, VA phone 804.464.0990 fax 804.597.2316

#### ALBEMARLE SQUARE, VA

phone 434.978.3800 fax 434.321.1851

DOWNTOWN, VA

phone 434.984.3800 fax 434.321.1634

PANTOPS, VA

phone 434.529.8136 fax 434.288.0326

#### CROZET, VA

phone 434.817.2055 fax 434.288.5730

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