

# 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

PROVEN TO  
REDUCE THE  
INCIDENCE OF  
DIABETES BY  
**58%**



“ 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



**[ ] 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:**

**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

**AND**

**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.**

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**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 signature **X** -----  
Date -----  
Provider phone -----  
Provider fax -----

You will receive progress reports on your patients.

**PROVIDER STAMP:**

**ACAC LOCATIONS**

**WEST CHESTER, PA**  
phone 610.431.7000  
fax 610.884.7909

**MAIN LINE, PA**  
phone 610.964.8800  
fax 610.884.7909

**FIVE FORKS, SC**  
phone 864.675.5808  
fax 864.813.4711

**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