**Diabetes Prevention Program Referral Form**

This form will be completed by Diabetes Prevention staff in coordination with medical personnel to enroll you in services.  
For more information, email [charlene.bearcub.dib@colvilletribes.com](mailto:charlene.bearcub.dib@colvilletribes.com) or call (509) 634-2970 for help.

Referred to the Diabetes Prevention Program from (check one):

Nespelem Indian Health Service, (509) 634-2913

San Poil Valley Community Health Center, (509) 634-7300

Omak Indian Health Service, (509) 422-7416

Lake Roosevelt Community Health Centers, (509) 722-7006

Other:

Patient name:

Mailing address:

Tribal enrollment number:

Phone:

Patient has a diagnosis of (check one):

Diabetes Type I

Diabetes Type II

Medical Personnel Signature:  
Title:   
Date:

Approved Signature:  
Date: