**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 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: