



Heritage Valley LifeSmart  
*Presents*  
 MyHealthy Community  
 Office Phone: 1-866-328-8389

## PHYSICIAN ORDER / REFERRAL FORM

Please print all information clearly

Please be sure to FAX form to: 724 773-7641

Name: _____	Date: _____
DOB: _____	Address: _____
Social Security # _____	Insurance Name: _____
Heritage Valley Care Card # _____	Insurance Number: _____

**DIAGNOSIS:**

- PREDIABETES (790.29)**
- Metabolic Syndrome (277.7)
- Obesity (278.00) BMI >30

**CHECK BOX FOR LIFESTYLE INTERVENTION PROGRAM RECOMMENDED**

- Group Lifestyle Balance Program
- Individual Nutrition Education
- Smoking Cessation Classes
- Exercise and Fitness Program

Pre-diabetes / Metabolic Syndrome			
	Eligibility Criteria	Result	Date Measured
Body Mass Index (BMI)	≥ 25 with (2) or more of the following <b>OR</b> ≥ 30		
Fasting Blood Sugar (FBS)	> 100 and < 126 mg/dl		
2- Hour Glucose Tolerance Test	≥ 140 and < 200 mg/ dl		
Triglycerides	>150 mg/dl or on meds		
HDL Cholesterol	< 50 mg/dl female or < 40 mg/dl males or on meds		
LDL Cholesterol	≥ 150 mg/dl or on meds		
Blood Pressure	≥ 130/85 or HTN on meds		
Waist Circumference	> 35 in. females or > 40 in. males		

**Repeat FBS (test code GLU) and Lipid Panel (test code LPD) at 3 months and 6 months**

**CONTACT INFORMATION**

**Best Time of day to contact Patient:**

- |  |  |
|--|--|
| <input type="checkbox"/> Morning (9:00 – 11:00 am)   | <input type="checkbox"/> Late Afternoon (2:00 – 4:00 pm) |
| <input type="checkbox"/> Afternoon (12:00 – 1:00 pm) | <input type="checkbox"/> Evenings after 5:00pm           |

**Best Phone Number to reach patient:**

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_