



## Quick Referral Form

The Challenge Diabetes Program is facilitated by people who have diabetes, discusses practical issues and provides peer support. It is free.

Please ensure the patient knows:

- Whether their medication can cause hypoglycemia
- If so, the symptoms and treatment of hypoglycemia
- Any physical limitation(s)

CDP challenges diabetics to lower their A1cs. Those who succeed are entitled to a reward from CDP. We ask you to report their last A1c before the program and the first at least three months after. CDP will send the HCP a copy of this form and a request for the follow-up A1c.

Health Care Professional and Participant agree to report the two A1cs for this purpose.

_____	_____	_____
<b>HCP Signature</b>	<b>Printed HCP Name</b>	<b>Date</b>
_____	_____	_____
<b>Participant Signature</b>	<b>Printed Participant Name</b>	<b>Date</b>
_____	_____	_____
	<b>Participant email</b>	<b>Participant Phone #</b>
_____		
<b>Participant Address</b>		

Last A1c \_\_\_\_\_ Date of test \_\_\_\_\_

**This form contains confidential information that must be returned in one of these ways:**

- Email it to [coordinator@challengediabetes.us](mailto:coordinator@challengediabetes.us)
- Fax it to Challenge Diabetes, Att: Coordinator 413-567-5734
- Mail it to: Challenge Diabetes, P.O. Box 4655 Springfield, MA 01101 Att: Coordinator
- Participant may bring it to any CDP session

**Do not return it directly to the YMCA.**