

Patient Referral Form

Northeast Texas Public Health (NET Health) has an accredited diabetes program through the American Association of Diabetes Educators. NET Health offers diabetes self-management classes, along with diabetes nutrition and support classes. NET Health has two contracted Certified Diabetes Educators and a Registered Dietician who oversees the program.

- If requesting diabetes services, please send recent lab results, including HGBA1C

NET Health is a pending recognition site through the CDC National Diabetes Program and has a certified lifestyle coach on staff who facilitates the year-long class series. NET Health's diabetes prevention class focuses on weight loss, increasing physical activity and adopting a lifestyle of healthy eating.

To refer a client for a mammogram or pap smear, client must:

- Meet age requirement, or have a physician referral.
 - 40 or above for a mammogram.
 - 18 or above for a pap smear.
 - Be uninsured or underinsured.
 - Have household income less than 200% of the Federal Poverty Limit.
- There are no eligibility requirements for any other service.
 - Please fax completed referral form and lab results to: (903) 535-0029 or e-mail to smarquez@netphd.org or jjohnson@netphd.org

Provider Information

Clinic Name: _____ Date: _____
 Provider Name: _____ Fax No: _____
 Provider Address: _____ Phone No: _____

Spanish Speaking Only?
 Yes No

Referral Information

Patient Name & DOB: _____
 E-Mail Address: _____
 Phone No: _____

- Services Requested
- | | |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Screening Mammogram | <input type="checkbox"/> Diagnostic Mammogram |
| <input type="checkbox"/> PAP Smear | <input type="checkbox"/> Basic Health Screenings & Assessment |
| <input type="checkbox"/> Tobacco Cessation | <input type="checkbox"/> Self-measure blood pressure program |
| <input type="checkbox"/> National Diabetes Prevention Program (Healthy Lifestyle & Weight loss) | |
| <input type="checkbox"/> Diabetes Nutrition & Physical Activity | |
| <input type="checkbox"/> Diabetes Self-Management Education Class | |

For NET Health Use Only

Date of Referral Receipt: _____ CHW Assigned: _____

Comments: _____