



YORK UNIVERSITY DIABETES PREVENTION PROGRAM “PRE-PAID” PROJECT

If you are a health care professional who has a patient/client who may be eligible for participation in our project please complete the following form and encourage them to contact us or obtain permission for us to contact them.

Our team of researchers is an inter-disciplinary group with expertise in physical activity prescription, diabetes and other chronic diseases, as well as behavioural modification. We believe that our project will help to lower participants’ risk of developing diabetes through changes in physical activity habits and through self-management education.

Thank you for keeping our project in mind when working with your patients/clients.

The PRE-PAID Team

358 Bethune College
York University
School of Kinesiology and Health Science
Faculty of Health

Email: stopdiab@yorku.ca
Tel: 647-378-6777

Website: www.yorku.ca/stopdiab



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HEALTH CARE PROFESSIONAL REFERRAL FORM

Potential Participant Information:

Name: _____ Tel: _____

Email: _____

Reason for referral to the York University Program?

Age: 40-64?: Yes No

Ethnicity: South Asian Chinese African or African-Caribbean

Any conditions that may preclude participation in physical activity? Yes No

If Yes, please explain: _____

Referring Professional Name (Print): _____

Signature: _____ Date: _____

Participant Permission for York University to contact:

Morning Afternoon Evening

Participant Signature: _____

Contact Us:

Physical Activity and Chronic Disease Unit

Diabetes Section

York University

358 Bethune College

Email: stopdiab@yorku.ca

Tel: 647-378-6777, FAX: 416-736-5794