



Instructions:

1. Complete and print this fillable form.
2. Fax this completed form to the DAWN Center at 832-393-4088.
3. If you have questions, please call us at 832-393-4055.

| Diabetes Awareness & Wellness Network (DAWN) | | | | | |
|---|--|------------------------------------|--|--------------------------------------|--|
| Provider to DAWN Referral | | | | | |
| Name of Patient: | | | | | |
| Address: | | | | | |
| Phone Number: | | | Email Address: | | |
| Date of Birth: | | | | Age: | |
| A1c level: | | Date of A1c: | | Referral Date: | |
| If no A1c, FBG: | | Date of FBG: | | | |
| Diagnosis: (Please check one) | | Prediabetes | | At-Risk | |
| | | Type II Diabetes | | | |
| Requested DAWN Service Level: (Place an X in the applicable box) | | | | | |
| <input type="checkbox"/> Nutrition | | <input type="checkbox"/> Education | | | |
| <input type="checkbox"/> Exercise (Cleared) | | <input type="checkbox"/> Support | | | |
| Insurance: (Place an X in the applicable box) | | | | | |
| <input type="checkbox"/> Medicare | | <input type="checkbox"/> Medicaid | | <input type="checkbox"/> Blue Cross | |
| <input type="checkbox"/> Harris Health | | <input type="checkbox"/> Military | | <input type="checkbox"/> Not Insured | |
| <input type="checkbox"/> Other: | | | | | |
| Referred to: | | | | | |
| Diabetes Awareness & Wellness Network | | | Diabetes Awareness & Wellness Network | | |
| 3611 Ennis | | | Email: dawncenter@houstontx.gov | | |
| Houston Texas 77004 | | | | | |
| Phone: 832-393-4055 | | | Fax: 832-393-4088 | | |
| Referring Provider Name: | | | | | |
| Phone: | | | Fax: | | |
| Signature of Referring Provider: | | | | | |
| Signature Date: | | | | | |
| DAWN Use Only | | | | | |
| Date Presented: | | | | Number: | |
| Received By: | | | | | |
| Action Taken: | | | | | |

