

Date: _____

Dear Provider:

Your patient _____ MR# _____
is currently working with a Promotora (Community Health Worker) through the RWJ Advancing Diabetes Self-Management program. The Promotora has noticed some symptoms indicating that the patient could be depressed. Please see the attached Referral Form for RWJ Patients - Depression Assessment.

We recommend that you screen your patient for depression using the attached PHQ-9 form to determine if he/she is eligible for the Diabetes and Depression Support Group.

You may choose to screen the patient at his/her next visit on _____ or consider calling him/her in sooner if you feel that he/she needs support before that date. Instructions for referring the patient to the support group can be found on the PHQ-9 form attached to this letter.

If you have any questions you may contact me at 535-3703 or Claire Horton at 535 3503.

Thank you for your time.

Sincerely,

Jennifer Shaw
ADSM Program Coordinator
Preventive Medicine