



**Project Open Hand**

Project Open Hand:  
SF: 415-447-2336  
Oakland: 510-622-0221  
clientservices@openhand.org

**Food is Medicine:**  
*Changing Health Through Food*  
*Support for Diabetes*  
**CHEFS DM**



University of California  
San Francisco

UCSF Research team:  
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**Referral for the CHEFS-DM  
Study**

*I authorize my medical provider/referring party to release information about my medical condition to Project Open Hand for the purposes of verifying my eligibility. I also authorize Project Open Hand to discuss the terms of my eligibility and/or services with my medical providers and referring party.*

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Signature/Consent (verbal ok): \_\_\_\_\_

Phone: \_\_\_\_\_ Language: \_\_\_\_\_ SF Resident? YES / NO

Alameda County Resident? YES / NO

**Diagnosis & Clinical Data**

Type 2 Diabetes      HbA1C: \_\_\_\_\_      HbA1C Date: \_\_\_\_\_

Height: \_\_\_\_\_      Weight: \_\_\_\_\_ lbs

Anemia       Hypertension       Hyperlipidemia

**Mobility**

Please select one of the following options:

Patient is homebound, needs food delivery       Patient or designated surrogate able to pick up food

Referring clinic/partner: \_\_\_\_\_

Referring Staff Name & Title: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Signature: \_\_\_\_\_

**CLINIC/STUDY PARTNER: EMAIL COMPLETED FORM TO: asher.odonnell@ucsf.edu  
jesus.gil@ucsf.edu, and luis.gay@ucsf.edu**

**UCSF Complete before sending to POH:**

Study ID Number: \_\_\_\_\_       Intervention Group       Control Group