



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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Luis.gay@ucsf.edu
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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?
Alameda County Resident?

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, luis.gay@ucsf.edu, and kattia.suarezvargas@ucsf.edu OR Fax to Project Open Hand - SF (415) 429-3852, Oakland (510) 452-1061

UCSF Complete before sending to POH:

Study ID Number: _____ Intervention Group Control Group