

This product was developed by the Advancing Diabetes Self Management Project at La Clinica de La Raza, Inc. in Oakland, CA. Support for this product was provided by a grant from the Robert Wood Johnson Foundation® in Princeton, New Jersey.

Date: _____

Dear Provider:

Your patient _____ MR# _____ is currently working with a Promotora (Community Health Worker) through the XXXX program. The Promotora has noticed some symptoms indicating that the patient could be depressed. Please see the attached Referral Form for XXXX Program 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 555-5555 or XXXX at 555-5555.

Thank you for your time.

Sincerely,