

YMCA'S DIABETES PREVENTION PROGRAM INTAKE FORM

CONFIRM SELF-PAY OR WORKSITE WELLNESS

Self-pay Worksite Wellness

STEP ONE: PARTICIPANT DETAILS

First Name* _____
Middle Initial _____
Last Name* _____
Gender* _____
Date of Birth* _____

Race/Ethnicity:

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Hispanic/Latino of any race
- White

STEP TWO: BMI & QUALIFICATION CRITERIA

Height (ft)^{*^} _____ Height (in)^{*^} _____ Weight (lbs)^{*^} _____

[^]self-reported

For program participation, BMI ≥ 25. Asian individual(s) BMI ≥ 22

Meets Blood Value/Diagnosis Qualification:**

- A1c: _____ (must be 5.7%-6.4%)
- Fasting Plasma Glucose: _____ (must be 100-125 mg/dL)
- 2-hour (75 gm gluco) Plasma Glucose: _____ (must be 140-199 mg/dL)
- Prediabetes determined by clinical diagnosis of Gestational Diabetes (GDM) during previous pregnancy

Meets At-Risk Qualification:

Complete the questions below based on the candidate's responses.	Yes - Points	No - Points
Is the candidate a woman who has had a baby weighing more than 9 pounds at birth?	<input type="checkbox"/> - 1	<input type="checkbox"/> - 0
Does the candidate have a parent with diabetes?	<input type="checkbox"/> - 1	<input type="checkbox"/> - 0
Does the candidate have a brother or sister with diabetes?	<input type="checkbox"/> - 1	<input type="checkbox"/> - 0
Does the candidate weigh as much as or more than the weight listed for their height?	<input type="checkbox"/> - 5	<input type="checkbox"/> - 0
Is the candidate younger than 65 years of age and gets little or no activity in a typical day?	<input type="checkbox"/> - 5	<input type="checkbox"/> - 0
Is the candidate between 45 and 64 years of age?	<input type="checkbox"/> - 5	<input type="checkbox"/> - 0
Is the candidate 65 years of age or older?	<input type="checkbox"/> - 9	<input type="checkbox"/> - 0

Total Risk Score (score must be 9 or greater to qualify for enrollment in 'At-Risk' category):

**An individual with a blood value in the normal range cannot be enrolled in the program, even if he or she meets at-risk qualifications. Blood values are more accurate than risk scores for diabetes risk determination.

STEP THREE: CONTACT INFORMATION & REFERRAL SOURCE

Email Address _____
Mailing Address* _____
City* _____
State* _____
Zip Code* _____
Preferred Phone* _____
Marital Status _____
Emergency Contact* _____
Emergency Number* _____

Referral method:

- Doctor/Physician
- Nurse
- Diabetes Educator
- Dietician/Nutritionist
- Practice Manager or Office Manager
- Dentist
- Optometrist/Ophthalmologist
- Pharmacist
- Screening/Testing Event or Health Fair
- Family/Friend or Word of Mouth
- Employer
- Insurance Company
- Media (TV, web, radio, print, etc.)
- Staff Member
- Other:

*Required information to complete enrollment

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