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 glu cola) 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes - Points</th>
<th>No - Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the candidate a woman who has had a baby weighing more than 9 pounds at birth?</td>
<td>☐ - 1</td>
<td>☐ - 0</td>
</tr>
<tr>
<td>Does the candidate have a parent with diabetes?</td>
<td>☐ - 1</td>
<td>☐ - 0</td>
</tr>
<tr>
<td>Does the candidate have a brother or sister with diabetes?</td>
<td>☐ - 1</td>
<td>☐ - 0</td>
</tr>
<tr>
<td>Does the candidate weigh as much as or more than the weight listed for their height?</td>
<td>☐ - 5</td>
<td>☐ - 0</td>
</tr>
<tr>
<td>Is the candidate younger than 65 years of age and gets little or no activity in a typical day?</td>
<td>☐ - 5</td>
<td>☐ - 0</td>
</tr>
<tr>
<td>Is the candidate between 45 and 64 years of age?</td>
<td>☐ - 5</td>
<td>☐ - 0</td>
</tr>
<tr>
<td>Is the candidate 65 years of age or older?</td>
<td>☐ - 9</td>
<td>☐ - 0</td>
</tr>
</tbody>
</table>

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
IMPORTANT: This contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This is intended for the exclusive use of the individual or entity to which it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify by telephone (907-563-3211) to arrange the return or destruction of the information and all copies.

*Required information to complete enrollment*