

# YMCA'S DIABETES PREVENTION PROGRAM INTAKE FORM

**CONFIRM SELF-PAY OR DIRECT PAYOR**  Self-pay  Direct Payor Health Plan: \_\_\_\_\_

**Attn: YDPP Branch Program Coordinator** \_\_\_\_\_

## STEP ONE: PARTICIPANT DETAILS

First name\* \_\_\_\_\_  
 Middle name \_\_\_\_\_  
 Last name\* \_\_\_\_\_  
 Gender\* \_\_\_\_\_  
 Date of birth\* \_\_\_\_\_

### Race

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White

### Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino

## STEP TWO: BMI & QUALIFICATION CRITERIA

Height (ft)<sup>^^</sup> \_\_\_\_\_ Height (in)<sup>^^</sup> \_\_\_\_\_ Weight (lbs)<sup>^^</sup> \_\_\_\_\_

<sup>^</sup>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 glucola) 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 \_\_\_\_\_  
 Street 1\* \_\_\_\_\_  
 Street 2 \_\_\_\_\_  
 City\* \_\_\_\_\_  
 State\* \_\_\_\_\_  
 Postal code\* \_\_\_\_\_  
 Home phone \_\_\_\_\_  
 Work phone \_\_\_\_\_  
 Mobile phone \_\_\_\_\_

### Referral method:

- Mail
- Radio
- Email
- Newspaper
- Flyer, Poster, Brochure
- Family or Friend
- Health Care Provider Referral
- Class Provider/Staff Member
- Website
- Returning Call
- Screening/Testing Event
- NA
- Other:

\*Required information to complete enrollment