DIABETES PREVENTION PROGRAM ENROLLMENT FORM

PARTICIPANT REGISTRATION

Last Name:	**First Name:**	**Middle Initial:**

Sex: ☐Female ☐Male	**Date of Birth**:

Street Address:	**Zip Code:**	**City:**	**State:**

Home Phone:	**Mobile Phone**:	Does participant give **consent to receive automated text alerts** to their mobile phone? ☐Yes ☐No
Work Phone:	**Email Address**:	**Contact Preference**: ☐Home ☐Work ☐Mobile ☐Mail ☐Portal
Usual Provider (Lifestyle Coach if known; otherwise, select Program Manager):	**Registration Department** (association location):	**Primary Department** (class location if known; otherwise leave blank):
Language: ☐English ☐Spanish ☐Chinese ☐Portuguese ☐Other:_______________ ☐Declined	**Race**: ☐American Indian or Alaska Native ☐Native Hawaiian or Other Pacific Islander ☐Black or African American ☐Asian ☐White ☐Other:_________ ☐Declined	**Ethnicity:** ☐Hispanic or Latino ☐Not Hispanic or Latino ☐Declined
Marital Status: ☐Single ☐Married ☐Divorced ☐Separated ☐Widowed ☐Partner	Does candidate's **income meet federal poverty guidelines** for income status? ☐Yes ☐No Documentation collected? ☐Yes ☐No	**Education**: ☐Less than high school ☐High school diploma or equivalency (GED) ☐Associate degree (junior college) ☐Bachelor's degree ☐Master's degree ☐Doctorate ☐Professional (MD, JD, DDS, etc.) ☐Other
Current YMCA Member (*also record as a part of Qualification Encounter*): ☐Yes ☐No If yes, date became member: YMCA Membership (Legacy) ID#:___________________	**Payer Type**: ☐MSO Participant ☐Direct Payor: _________________ ☐Self ☐Self plus grant/scholarship: ________________________________	Does the candidate give the **YMCA consent to call** them regarding the YMCA's Diabetes Prevention Program? ☐Yes ☐No *In athenaNet, make sure to select "paper" for Patient Care Summary.*
Privacy: ☐Notice of Privacy Practices (*distributed*) ☐YMCA's Privacy Practices & Assignment of Benefits Form (*signed & collected*) ☐Authorization Form *(to send updates to HCP - signed & collected)*	**Employment:** Employer Name:________________ Employer Phone: ________________	Consent to Call: Does participant give **consent to receive automated calls from athena** regarding the program? ☐Yes ☐No Would the candidate like to **register for web portal?** ☐Yes ☐No If no, reason:___________________________

INSURANCE (MSO PARTICIPANTS) / CASE POLICY (DIRECT PAYOR OR GRANT) INFORMATION (not needed for self-pay participants):

For MSO Participants (if applicable):

Insurance Company/Plan Name:	Member ID:	Group #:
Claims Address:		
Guarantor (insurance policy holder, if not self) relationship to participant: ☐Self ☐Spouse ☐ Other:_______________	Guarantor Last Name:	Guarantor First Name:
Guarantor Date of Birth:	Guarantor Mailing Address (if different from participant):	Insurance Card Scanned into athenaNet? ☐Yes ☐No

For Direct Pay or Self Plus Grant/Scholarship Participants (if applicable):

Direct Payor or Grant Case Policy Name:

PARTICIPANT QUALIFICATION

Height:	**Weight*:**	**BMI:**

*Self-Reported. For program participation, BMI ≥ 25 is **required**. Asian individual(s) BMI ≥23.

MEETS BLOOD VALUE/DIAGNOSIS QUALIFICATIONS:**
Check for the criteria below first. If this information is unavailable, proceed to "Meets at-risk Qualifications" section, below.

- ☐ 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

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

All participants must meet BMI qualification criteria.

MEETS CDC AT-RISK QUALIFICATIONS:
Complete the questions below based on the candidate's response only if above qualifying information unavailable.

For each "yes" answer, add the number of points listed.	**YES**	**NO**
Is the candidate a woman who has had a baby weighing more than 9 pounds at birth?	1	0
Does the candidate have a parent with diabetes?	1	0
Does the candidate have a brother or sister with diabetes?	1	0
Does the candidate weigh as much as or more than the weight listed for their height? (refer to chart on right)	5	0
Is the candidate younger than 65 years of age and gets little or no activity in a typical day?	5	0
Is the candidate between 45 and 64 years of age?	5	0
Is the candidate 65 years of age or older?	9	0
Total Risk Score (score must be 9 or greater to qualify for enrollment in 'At-Risk' category):		

At Risk Weight Chart
(BMI should be calculated using a separate resource)

Height	Weight
4'10	129
4'11	133
5'0	138
5'1	143
5'2	147
5'3	152
5'4	157
5'5	162
5'6	167
5'7	172
5'8	177
5'9	182
5'10	188
5'11	193
6'0	199
6'1	204
6'2	210
6'3	216
6'4	221

PARTICIPANT REFERRAL METHOD:

- ☐ Health care provider
- ☐ Media/Marketing
- ☐ Screening/testing event or health fair
- ☐ Staff member
- ☐ Family/friend or word of mouth
- ☐ Employer or insurance company
- ☐ Past program participant
- ☐ Other: ______________________

PARTICIPANT CLASS PREFERENCES:

Preferred Day of Week:

Preferred Time of Day:

Preferred Class Location: