

## Lifestyle Change Program Intake Form

Today's Date (mm/dd/yyyy): \_\_\_\_\_

<b>First Name:</b>  	<b>Last Name:</b>  
<b>E-mail Address:</b>  	<b>Phone Number:</b> _____-_____-_____ 
<b>Date of Birth (mm/dd/yyyy):</b> ____/____/____	<b>Gender (check one):</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>State of Residency:</b>  	<b>Ethnicity (check one):</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race (check all that apply):</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
<b>Height:</b> ____ feet    ____ inches	<b>Starting Weight (weight taken today):</b> ____ pounds (round to nearest pound)

Have you been told by a health care provider that you have prediabetes, elevated blood sugar, or borderline diabetes? (check one):

- Yes                       No

**If yes**, what type of blood test was performed? (check all that apply)

- Finger prick blood test  
 Fasting glucose test (blood test where blood was drawn with needle)  
 Hemoglobin A1c test  
 Oral Glucose Tolerance Test  
 Don't know / don't remember

Do you have a primary care provider?

- Yes                       No

**If yes**, who? \_\_\_\_\_

**If you are a woman**, have you ever been told by a health care provider that you had Gestational Diabetes Mellitus (GDM) during pregnancy? (check one):

- Yes                       No

## CDC Prediabetes Screening Test

Check either "Yes" or "No" to answer the following questions.

Question	YES	NO	Score (for Lifestyle Coach use only)
1. Are you a woman who has had a baby weighing more than 9 pounds at birth?			
2. Do you have a sister or brother with diabetes?			
3. Do you have a parent with diabetes?			
4. Find your height on the chart below. Do you weigh as much as or more than the weight listed for your height?			
5. Are you younger than 65 years of age and get little to no exercise in a typical day?			
6. Are you between 45 to 64 years of age?			
7. Are you 65 years of age or older?			

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

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### For Lifestyle Coach Use Only

Risk Score Total: \_\_\_\_\_ (high risk = 9 or more)

Eligible for Program (Yes or No)? \_\_\_\_\_

Assigned Participant ID # \_\_\_\_\_