



National Diabetes Prevention Program Participant Registration Form



IDENTIFICATION

DATE:

Participant Name

Street Address

City

State

Zip

Please check the phone that is best to use to be reached between 8:30 am – 4:30 pm

Home Phone

Work Phone

Cell Phone

Email Address:

Date of Birth

Male

Female

Height

Weight

Insurance: *Medicare* *Medicaid* *Other:* *None*

Choose class location:

Bath

Hornell

PROGRAM ELIGIBILITY - All three of these questions must be answered yes to be able to participate

Please check each box that is true:

1. Participant is at least 18 years old: Yes No
2. Participant has a BMI of 25 or greater Yes No
3. Participant is at risk for developing type 2 diabetes or has been diagnosed with pre-diabetes by a healthcare provider Yes No

LAB VALUES OR DIAGNOSIS - *Please check each box that meets the stated guideline, to be eligible, at least ONE of the following five situations must apply to fulfill question number 3 above.*

- HbA1c between 5.7% – 6.4%
- Fasting Plasma Glucose: must be 100 – 125 mg/dL or 110 – 125 mg/dL for Medicare recipients
- 2-hour (75 gm glucose) Plasma Glucose: must be 140 – 199 mg/dL
- Diagnosis of Gestational Diabetes (GDM) during previous pregnancy. (Self Reported OK)

PARTICIPANT QUESTIONNAIRE

- Participant Scored 9 or higher on the CDC Self-Assessment Risk Test

Please Note: Those Diagnosed with Type 1 or Type 2 Diabetes are not eligible to participate in the National Diabetes Prevention Program (NDPP)

Return completed registration to Steuben County Public Health

By email to: Lorelei Wagner, at LWagner@SteubenCountyNY.gov

By fax to: 607-664-2166

By mail or in person to: Steuben County Public Health, 3 E. Pulteney Square, Bath, NY 14810