



## Live Well Diabetes Prevention Program Registration Form

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State, Zip Code

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method for contacting participant (for class dates and information): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age (in years, rounded with no decimals): \_\_\_\_\_

Sex:

- Male
- Female

Height in inches: \_\_\_\_\_

Weight in pounds: \_\_\_\_\_

**Participant's Ethnicity:**

- Hispanic or Latino
- AIAN American Indian or Alaska Native
- ASIAN Asian
- BLACK or African American
- NHOPI Native Hawaiian or Other Pacific Islander
- White

**Payment option:**

- Pay entire fee \$480 + 10% discount. \$432 due
- Pay four \$120 installments. Collect \$120. Participant will be billed for 3 additional \$120 payments
- Participant's Prediabetes Determination – GLUCTEST –**
  - Hemoglobin A1C 5.7 – 6.4%
  - FPG 100 – 125 mg/dl
  - OGTT 140 – 199 mg/dl
- Participant's Prediabetes Determination –GDM**
  - Clinical diagnosis of Gestational diabetes during previous pregnancy
- Participant's Prediabetes Determination –RISKTEST**
  - Prediabetes determined by risk test