

Live Well Diabetes Prevention Program

REGISTRATION FORM

TODAY'S DATE: _____ NAME: _____

ADDRESS: _____
STREET CITY, STATE, ZIP CODE

PHONE: _____ EMAIL: _____

PREFERRED CONTACT METHOD (for class dates and information):

DATE OF BIRTH: _____ AGE: _____

SEX: MALE FEMALE HEIGHT (inches): _____ WEIGHT (pounds): _____

ENROLLMENT SOURCE (by whom were you referred to this program): _____

ETHNICITY (check all that apply):

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

EDUCATION:

- Less than grade 12 (no high school diploma or GED)
- Grade 12 or GED (High school graduate)
- College- 1-3 years (some college or technical school)
- College- 4 years or more (College graduate)

PREDIABETES DETERMINATION:

Diagnosed with a blood test? Yes No

If yes, please check all that apply:

- Hemoglobin A1C 5.7-6.4%
- FPG 100-125 mg/dl
- OGTT 140-199 mg/dl

Clinically diagnosed with gestational diabetes during previous pregnancy. Yes No

Prediabetes was determined by risk test. Yes No

PAYMENT

PAYER TYPE:

- Medicare* **There is no out-of-pocket cost for eligible Medicare Diabetes Program participants.*
- Medicaid
- Private Insurer
- Self-pay
- Dual Eligible (Medicare & Medicaid)
- Grant funding
- Employer
- Other

PAYMENT OPTIONS (Public):

- Pay entire fee (\$360)
- No cost to Medicare/Medicaid program participants