



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