

If you have prediabetes or other risk factors for type 2 diabetes, you can make modest lifestyle changes now that will cut your risk by more than half. PreventT2 is part of the National Diabetes Prevention Program led by the Centers for Disease Control and Prevention (CDC). Harold Hamm Diabetes Center has achieved full recognition by the CDC as a provider of this prevention program.

This form is the first step in the enrollment process.

Name: _____ Date of Birth: _____

Gender: Male Female Height: ____ft. ____in. Current Weight: _____lbs.

Mailing Address: _____

City, State, ZIP: _____

Email: _____ Reliable Phone: _____

Your preferred communication method (choose one): Phone Email U.S. Mail

I am an employee of OUHSC, HCA (OUMC), VA/OKC, or OMRF (employee status is not required to enroll).

I had gestational diabetes with a past pregnancy.

I have been diagnosed with prediabetes. I am attaching a copy of medical lab results taken within the past 12 months. They show an A1C level of _____ percent (prediabetes range is 5.7 to 6.4) and/or a blood glucose level of _____ (prediabetes range is 100 to 125 mg/dL)

You may skip the RISK TEST below and proceed to Page 2.

I believe I may have prediabetes as indicated by the following RISK TEST...

Answer these seven simple questions. For each "Yes" answer, add the number of points listed. All "No" answers are zero points.

YES	NO	
1	0	Are you a woman who has had a baby weighing more than 9 pounds at birth?
1	0	Do you have a sister or brother with diabetes?
1	0	Do you have a parent with diabetes?
5	0	Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?
5	0	Are you younger than 65 years of age and get little or no exercise in a typical day?
5	0	Are you between 45 and 64 years of age?
9	0	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

← YOUR TOTAL: If your score is 9 or more points, you are at high risk for prediabetes today.

Source: U.S. Centers for Disease Control and Prevention

Please initial and complete the following items:

_____ I understand that submitting this form does not automatically enroll me in PreventT2. My information will be reviewed, and I will be informed of the next steps available to me.

_____ PreventT2 requires medical screenings for eligibility and upon the program's completion. I understand that I may be asked to submit to an A1C and/or blood glucose test, or to provide the results from testing by a third party.

_____ I understand that PreventT2 involves one full year of my participation.

_____ PreventT2 does not guarantee results. While the program will set a goal for me, I understand that my success depends primarily on how I apply PreventT2 skills and knowledge *outside of our meetings*.

_____ EMPLOYEES of OUHSC, HCA (OUMC), VA/OKC, or OMRP: Wellness incentive information: If I am accepted to enroll in PreventT2, I understand that the program requires a one-time, upfront payment of \$199.00. If I achieve a weight loss of 5 to 7 percent in the first six months of PreventT2 and have maintained the weight after 12 months of participation, I will receive a \$100.00 reimbursement.

_____ NON-EMPLOYEES: If I am accepted to enroll in PreventT2, I understand that the program requires a one-time, upfront payment of \$199.00. I further understand that my successful completion of PreventT2 does not entail monetary reimbursement.

_____ I understand that the \$199.00 discounted rate is a limited-time, introductory offer that will not necessarily apply for future PreventT2 enrollment periods. Space in the program may be limited depending on the level of interest received.

X _____

Signature

Date

Thank you for your interest in PreventT2! We will contact you soon regarding next steps for your enrollment. Sessions begin Sept. 12, 2017 (Edmond).

ELECTRONIC, PAPERLESS INSTRUCTIONS: Complete the form and save the PDF to your documents. Email it to HHDCPreventT2@ouhsc.edu.

MANUAL INSTRUCTIONS: Mail your completed form to Harold Hamm Diabetes Center, ATTN: PREVENTT2, 1000 N. Lincoln Blvd., Ste. 1200, Oklahoma City, OK 73104. You may also scan or photograph your completed form and email it to HHDCPreventT2@ouhsc.edu. Our fax number is 405.271.2836.

CONTACT: HHDCPreventT2@ouhsc.edu or (405) 421-2959.

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