

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 OU Norman campus benefit-eligible employee.

I had gestational diabetes with a past pregnancy.

I believe I may have prediabetes as indicated by medical lab results taken within the last 12 months.

They show  an A1C level of \_\_\_\_\_ percent (prediabetes range is 5.7 to 6.4) and/or

a fasting blood glucose level of \_\_\_\_\_ (prediabetes range is 100 to 125 mg/dL)

*Documentation is not required. 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*.

**X** \_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Thank you for your interest in PreventT2! We will contact you soon regarding next steps for your enrollment. Sessions begin Oct. 11, 2017 (OU-Norman).**

**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.

Revised Oct. 2017