

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 diabetes prevention program.

This form is the first step in the enrollment process.

Today's Date: _____

Name: _____ Date of Birth: _____

Gender: Male Female Height: ____ ft. ____ in. Current Weight: _____ lbs.

Ethnicity (check all that apply): American Indian or Alaska Native Asian or Asian-American
 Black or African-American Native Hawaiian or Other Pacific Islander
 White, non-Hispanic/Latino Hispanic or Latino

Education Attained: Less than grade 12 Grade 12 or GED
 College: 1 year to 3 years College: 4 years or more (with degree)

Mailing Address: _____

City, State, ZIP: _____

Email: _____ Reliable Phone: _____

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

Primary medical insurance: _____

Secondary insurance: _____

Have you been diagnosed with diabetes in the past? Yes: gestational diabetes with a past pregnancy
 Yes: not pregnancy-related
 No, never

A documented A1C or fasting glucose from your physician's office is required for Medicare recipients. All other insurance plans do not require documentation.

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*)
*for Medicare recipients, 110 to 125 mg/dL)

If you have a prediabetes diagnosis, you may skip the RISK TEST on Page 2 and proceed to the initialed items.

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

- 1** How old are you?
 Less than 40 years (0 points)
 40—49 years (1 point)
 50—59 years (2 points)
 60 years or older (3 points)
- 2** Are you a man or a woman?
 Man (1 point) Woman (0 points)
- 3** If you are a woman, have you ever been diagnosed with gestational diabetes?
 Yes (1 point) No (0 points)
- 4** Do you have a mother, father, sister, or brother with diabetes?
 Yes (1 point) No (0 points)
- 5** Have you ever been diagnosed with high blood pressure?
 Yes (1 point) No (0 points)
- 6** Are you physically active?
 Yes (0 points) No (1 point)
- 7** What is your weight status?
 (see chart at right)

Write your score in the box.

↓

| Height | Weight (lbs.) | | |
|--|---------------|------------|------------|
| | 119-142 | 143-190 | 191+ |
| 4' 10" | 119-142 | 143-190 | 191+ |
| 4' 11" | 124-147 | 148-197 | 198+ |
| 5' 0" | 128-152 | 153-203 | 204+ |
| 5' 1" | 132-157 | 158-210 | 211+ |
| 5' 2" | 136-163 | 164-217 | 218+ |
| 5' 3" | 141-168 | 169-224 | 225+ |
| 5' 4" | 145-173 | 174-231 | 232+ |
| 5' 5" | 150-179 | 180-239 | 240+ |
| 5' 6" | 155-185 | 186-246 | 247+ |
| 5' 7" | 159-190 | 191-254 | 255+ |
| 5' 8" | 164-196 | 197-261 | 262+ |
| 5' 9" | 169-202 | 203-269 | 270+ |
| 5' 10" | 174-208 | 209-277 | 278+ |
| 5' 11" | 179-214 | 215-285 | 286+ |
| 6' 0" | 184-220 | 221-293 | 294+ |
| 6' 1" | 189-226 | 227-301 | 302+ |
| 6' 2" | 194-232 | 233-310 | 311+ |
| 6' 3" | 200-239 | 240-318 | 319+ |
| 6' 4" | 205-245 | 246-327 | 328+ |
| | (1 Point) | (2 Points) | (3 Points) |
| You weigh less than the amount in the left column (0 points) | | | |

Adapted from Bang et al., Ann Intern Med 151:775-783, 2009. Original algorithm was validated without gestational diabetes as part of the model.

TOTAL YOUR SCORE

<< If it's 5 or higher, you are likely to have prediabetes.

ALL PRE-ENROLLEES: Please initial 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 sessions*.

Thank you for your interest in PreventT2!
 We will contact you soon regarding next steps for your enrollment.

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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