

DPP – Prevent T2 History Form



Name: _____

What is your current height? _____ What is your current weight? _____

What are your current A1C Lab Values: _____ Date labs taken? _____

Did you have Gestational Diabetes? _____

Have you been told currently that you have Diabetes? Yes No

Do you currently taken any diabetes medications? Yes No If yes, what? _____

What is your goal weight? _____ What is your lowest adult weight in past 10 years? _____

Emergency Contact/POA Name _____

Relationship _____ Phone: _____

Do you exercise regularly? Yes No What types of exercise do you do? _____

Ethnicity: Are you of Hispanic or Latino ethnic origin? Yes No

Please check all that apply: My Race includes: American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White

Highest Education Level: _____

Would you like to receive our newsletter to get class schedule and other info via email? Yes

No

How did you hear about us? Newspaper Magazine Another client/friend Flyer

Website Radio TV medical provider referral Yellow Pages

Other: _____

Group Home Clients ONLY:

County Case Manager: _____

House name: _____ *Supervisor name:* _____

Any other information that you would like to share about your nutrition and exercise journey:

