

**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:*

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