



## National Diabetes Prevention Program Participant Registration Form

IDENTIFICATION

DATE:

*Participant Name*

*Street Address*

*City*

*State*

*Zip*

Please check the phone that is best to use to be reached between 8:30 am – 4:30 pm

*Home Phone*

*Work Phone*

*Cell Phone*

*Email Address:*

*Date of Birth*

*Male*  *Female*

*Height*

*Weight*

*Insurance:*  *Medicare*  *Medicaid*  *Steuben Co.*  *Other:*

*Insurance ID:*

*Choose class location:*  *Bath*  *Hornell*  *Other Preferred:*

*Time:*  *Afternoon*  *Evening*

**PROGRAM ELIGIBILITY - All three of these questions must be answered yes to be able to participate**

*Please check each box that is true:*

1. Participant is at least 18 years old:  Yes  No
2. Participant has a BMI of 25 or greater  Yes  No
3. Participant is at risk for developing type 2 diabetes or has been diagnosed with pre-diabetes by a healthcare provider  Yes  No

**LAB VALUES OR DIAGNOSIS** - *Please check each box that meets the stated guideline, to be eligible, at least ONE of the following five situations must apply to fulfill question number 3 above.*

- HbA1c between 5.7% – 6.4%
- Fasting Plasma Glucose: must be 100 – 125 mg/dL or 110 – 125 mg/dL for Medicare recipients
- 2-hour (75 gm glucose) Plasma Glucose: must be 140 – 199 mg/dL
- Diagnosis of Gestational Diabetes (GDM) during previous pregnancy. (Self Reported OK)

**PARTICIPANT QUESTIONNAIRE**

- Participant Scored as High Risk on the [CDC Self-Assessment Risk Test](#)

**Please Note: Those diagnosed with Type 1 or Type 2 diabetes are not eligible to participate in the National Diabetes Prevention Program (NDPP)**

**Return completed registration to Steuben County Public Health**

**By email to:** Lorelei Wagner, [LWagner@steubencountyny.gov](mailto:LWagner@steubencountyny.gov)

**By fax to:** 607-664-2166

**By mail or in person to:** Steuben County Public Health, 3 E. Pulteney Square, Bath, NY 14810