

ARE YOU AT RISK FOR

Type 2 DIABETES?

TAKE THE TEST AND FIND OUT.

Crawford County Health Department



	Question	Points	Write your score in the box	At-Risk Weight Chart	
				Height	Weight (in Pounds)
1	Are you a woman who has had a baby weighing more than 9 pounds at birth?	Yes (1 point) No (0 points)		4' 10"	129
2	Do you have a sister or brother with diabetes?	Yes (1 point) No (0 points)		4' 11"	133
3	Do you have a parent with diabetes?	Yes (1 point) No (0 points)		5'0"	138
4	Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?	Yes (5 points)		5'1"	143
		No (0 points)		5'2"	147
5	Are you younger than 65 years of age and get little or no exercise in a typical day?	Yes (5 points)		5'3"	152
		No (0 points)		5'4"	157
6	Are you between 45 and 64 years of age?	Yes (5 points)		5'5"	162
		No (0 points)		5'6"	167
7	Are you 65 years of age or older?	Yes (9 points)		5'7"	172
		No (0 points)		5'8"	177
	Total score for all "Yes" answers			5'9"	182
				5'10"	188
				5'11"	193
				6'0"	199
				6'1"	204
				6'2"	210
				6'3"	216
				6'4"	221



Know your score

9 or more points: High risk for having type 2 diabetes now. You qualify for this program. **PLEASE SEE BACK SIDE OF THIS FORM.**

3-8 points: Probably not at high risk for having Type 2 diabetes now.

Phone: 620-231-3200

Fax: 620-235-7134

**Crawford County Health
Department**

danthony@crawfordcohd.org

Crawford County Health Department

National Diabetes Prevention Program

PARTICIPANT REGISTRATION

First Name:	MI:	Last Name:
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
Email:	Date of Birth: ____ / ____ / ____	Age:
Ethnicity (check one): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race (check all that apply): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Height (in inches):	Weight:
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind? _____		
Total Income: _____ <input type="checkbox"/> Year <input type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> Hour Number of Persons supported by this income: _____		
I authorize:		
1. The release of my medical information (including but not limited to: Fasting Plasma Glucose, 2-hour Plasma Glucose, A1C, Gestational Diabetes, BMI) to the Crawford County Health Department.		
2. The CDC Lifestyle Coach to inform my provider about my participation in the National Diabetes Prevention Program.		
Signature: _____		Date: _____

PHYSICIAN REFERRAL

This is a recommendation for the adult patient named above to participate in the National Diabetes Prevention Program, a lifestyle change program recognized by the Centers for Disease Control and Prevention.

Please check patient eligibility criteria below:

- 18 years or older
- BMI $\geq 24 \text{ kg/m}^2$ (≥ 22 if Asian)
- Previous Diagnosis of Gestational Diabetes (GDM) (may be self-reported)
- At Risk for Diabetes based on (check one or more below)
 - Fasting blood glucose (range 100-125 mg/dl)
 - 2 – Hour glucose (range 140-199 mg/dl)
 - HbA1c (range 5.7-6.4)

Diagnosed with Type I or Type II Diabetes – Not Eligible

Note: If A1c is >6.5 or has previous diagnosis of diabetes, patient is not eligible for the Diabetes Prevention Program.

Health Care Provider Information:

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____ Fax: _____

NOTE: Please make a copy of this completed form and provide to the patient for follow up OR return (by fax) to the local program listed below most conveniently accessible to your patient.

Crawford County Health Department
410 E. Atkinson
Pittsburg, KS 66762

Phone: 620-231-3200
Fax: 620-235-7134

Email: danthony@crawfordcohd.org

STAFF ONLY: CLASS START DATE _____ CLASS LOCATION _____