

Lifestyle Change Program Intake Form³⁰

Today's Date (mm/dd/yyyy): _____

First Name:	Last Name:
Emory E-mail Address:	Phone Number: _____-_____-_____
Date of Birth (mm/dd/yyyy): ____/____/_____	Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
State of Residency:	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	
Height: _____ feet _____ inches	Starting Weight (weight taken today): _____ pounds (round to nearest pound)

Have you been told by a health care provider that you have prediabetes, elevated blood sugar, or borderline diabetes? (Check one):

- Yes No

If yes, what type of blood test was performed? (Check all that apply)

- Finger prick blood test
 Fasting glucose test (blood test where blood was drawn with needle)
 Hemoglobin A1c test
 Oral Glucose Tolerance Test
 Don't know / don't remember

If you are a woman, have you ever been told by a health care provider that you had Gestational Diabetes Mellitus (GDM) during pregnancy? (Check one):

- Yes No

³⁰ Diabetes Training and Technical Assistance Center. (2016) Common Ground. Lifestyle Change Intake form. Accessed 6.27.16