



Panhandle

Public Health District

NDPP Participant Personal Information

Name: _____ Gender: M F
Date of Birth: _____ Height: _____
Address: _____ City: _____ County: _____
Email: _____ Phone: _____
Provider _____ Clinic _____ Did they refer you? Yes No

Ethnicity: (please check your ethnicity)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Race: (please check your race)

- ☐ American Indian or Alaska Native
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Participant's Prediabetes Determination (Circle One):

- ☐ Doctor's referral via (Circle one): A1C FPG oral glucose tolerance test
- ☐ Gestational Diabetes when pregnant

How did you hear about NDPP? (Please circle all that apply):

- ☐ A friend, family member, or coworker
- ☐ Someone who participated in NDPP
- ☐ A doctor's office of any kind, community clinic, or hospital

Who in the office told you about NDPP? Circle only one answer.

Doctor front desk/admin staff Nurse or Physician's assistant Flyer

- ☐ Brochure, flyer, poster, not at a doctor's office
- ☐ Story or ad on radio, newspaper, or TV
- ☐ Website. Please specify _____
- ☐ Other. Please specify _____

Please indicate the type of health care coverage you use (check all that apply):

- ☐ Medicare
- ☐ Medicaid
- ☐ Private Insurance/Health Market
- ☐ Veteran's Affairs
- ☐ Every Woman Matters
- ☐ No coverage
- ☐ Employee Plan
- ☐ Wise Woman Client

Do you have a primary care provider? Yes No

Which county do you prefer to obtain healthcare? _____

Are you limited in any way because of physical, mental, or emotional problems? Yes No

If yes, type of disability _____

Do you have a health problem that requires you to use special equipment, such as a cane, wheelchair, special telephone, etc.? Yes No

Refugee Status: Yes No If yes, from where? _____

Have you ever been told by a doctor or other health professional that you have:

High blood pressure Yes No Are you taking medication for it? Yes No

High blood cholesterol Yes No Are you taking medication for it? Yes No

Diabetes Yes No Are you taking medication for it? Yes No

Are able to obtain the medication prescribed for any of your conditions? Yes No

Have you had a mammogram in the last 2 years? Yes No

Have you had a pap test in the last 3 years? Yes No

Have you been screened for colorectal cancer? Yes No

Have you been screened for prostate cancer? Yes No

Have you been to a dentist in the last 2 years? Yes No

Do you now smoke cigarettes every day, some days, or not at all? Please circle best answer.

Do you eat 2 or more servings of fish weekly? Yes ____ No ____ Don't know ____

Do you eat 3 or more servings of whole grains daily? Yes ____ No ____ Don't know ____

Do you drink less than 36 ounces of sweetened beverages weekly? Yes ____ No ____ Don't know ____

Are you currently reducing your sodium or salt intake? Yes ____ No ____ Don't know ____

How much moderate physical activity do you get in a week? 30 min. ____ 60 min. ____ 90 min. ____ 150 min. ____ more ____ don't know ____

How much vigorous physical activity do you get in a week? 0 ____ 30 min. ____ 60 min. ____ 75 min. or more ____ don't know ____

How much fruit do you eat in an average day? (1 serving = 1 banana, 1 apple, or a cup of berries) 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 or more ____ don't know ____

How many vegetables do you eat in a typical day? (1 serving = 12 baby carrots or 1 cup of broccoli) 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5 ____ 6 or more ____ don't know ____

Thinking about your physical health, which includes physical illness and injury, how many days of the past 30 was your health not good?

0 ___ 1-5 ___ 6-10 ___ 11-20 ___ 21 or more ___

Session1

BP 1_____ Height_____ Weight _____ Waist Circumference_____

BP 2_____ ☐ If BP is over 140/90 for under age 60, or 150/90 over age 60, please refer to health care provider (check box if referred).

Session 9

BP 1_____ Height_____ Weight _____ Waist Circumference_____

BP 2_____ ☐ If BP is over 140/90 for under age 60, or 150/90 over age 60, please refer to health care provider (check box if referred).

Final Session

BP 1_____ Height_____ Weight _____ Waist Circumference_____

BP 2_____ ☐ If BP is over 140/90 for under age 60, or 150/90 over age 60, please refer to health care provider (check box if referred).

Disclosure Statement – The information provided above is for the purpose of monitoring success in the program and connecting participants with the health resources that may be needed. Your lifestyle Coach will send it to PPHD, where it will be protected and destroyed following completion of your program. You may be referred to obtain health screenings and provided with information pertinent to your health.

Authorization to Release Information - I hereby authorize the release of the information contained on this registration form to Panhandle Public Health District. I understand that I may be sent health screening recommendations based on the information provided herein. This information, as well as patient and physician identity, will be kept strictly confidential and used only for statistical purposes. The recipient of this patient information is prohibited from disclosing the information to any other party and is required to destroy the information after my participation in the program ends.

Your signature_____Date_____