
# Michigan Diabetes Prevention Program (DPP) Registration Form

Please fill out this form if you are interested in joining the Accessible Pharmacy Services Diabetes Prevention Program. If you have any questions, or need assistance in filling out the form, please email us at info@AccessiblePharmacy.com. Only Accessible Pharmacy Services and Centers for Disease Control and Prevention team members will have access to this information. Your responses will be kept private and secure.

*denotes a required field

**Section 1: General Information**

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|---|---|
| First and Last Name* | |
| Gender* | |
| Date of Birth* | __/__/___ |
| Email* | |
| Phone Number* | |
| Address (Street, City, State, ZIP)* | |
| Race (select one)* | ☐ White or Caucasian<br>☐ Black or African American<br>☐ Asian or Asian American<br>☐ American Indian or Alaska Native<br>☐ Native Hawaiian or other Pacific Islander<br>☐ Other Race |
| Ethnicity (select one)* | ☐ Hispanic/Latino<br>☐ Not Hispanic/Latino<br>☐ Not reported |
| Education (select one)* | ☐ Less than Grade 12 (no high school diploma or GED)<br>☐ Grade 12 or GED<br>☐ College - 1 year to 3 years (some college or technical school) |


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| | ☐ College - 4 years or more (college graduate)<br>☐ Not reported |
| Enrollment Source (select one)* | ☐ Non-primary healthcare professional<br>☐ Primary care provider/office or specialist<br>☐ Community based organization or community health worker<br>☐ Self<br>☐ Family / friends<br>☐ Employer / employer wellness program<br>☐ Insurance company<br>☐ Center for Independent Living<br>☐ HLAA: Hearing Loss Association of America<br>☐ Other<br>☐ Not reported |
| Does the participant have a previous diagnosis of Type 1 or Type 2 Diabetes? (Gestational Diabetes not included)* | ☐ Yes<br>☐ No |
| Has the participant been diagnosed with end-stage renal disease?* | ☐ Yes<br>☐ No |
| Height (in.)* | |
| Weight (lbs.)* | |
| If possible, please submit ONE of the following. Select the test you are able to submit, and submit the result in the next question. | ☐ Hemoglobin A1C<br>☐ Fasting Plasma Glucose<br>☐ 2 Hour Plasma Glucose<br>☐ Past diagnosis of Gestational Diabetes (requires qualifying blood test from above)<br>☐ Other: _____ |
| Value from test indicated from above question (if applicable) | |


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| Date of test from above question (if applicable) | __/__/____ |
| Insurance Information (please provide all values)* | Name: _____<br>ID#: _____<br>RX#: _____<br>ID Group: _____<br>PCN: _____ |
| Please submit photos of the front and back your insurance card* | |

**Section 2: Diabetes Risk Test Assessment**

All participants are required to answer the following questions to find out your risk for prediabetes. The questions in this risk test are from the Centers for Disease Control and Prevention and the American Diabetes Association.

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|---|---|
| Have you ever been diagnosed with diabetes?* | ☐ Yes<br>☐ No |
| What is your age?* | ☐ Under 40<br>☐ 40 to 49<br>☐ 50 to 59<br>☐ 60 and older |
| What is your gender?* | ☐ Man<br>☐ Woman who has had gestational diabetes<br>☐ Woman who has never had gestational diabetes |
| Do you have a sister, brother, father, or mother with diabetes?* | ☐ Yes<br>☐ No |
| Have you ever been diagnosed with high blood pressure?* | ☐ Yes<br>☐ No |
| Are you physically active?* | ☐ Yes<br>☐ No |
| What race best describes you?* | ☐ American Indian or Alaskan Native<br>☐ Asian |

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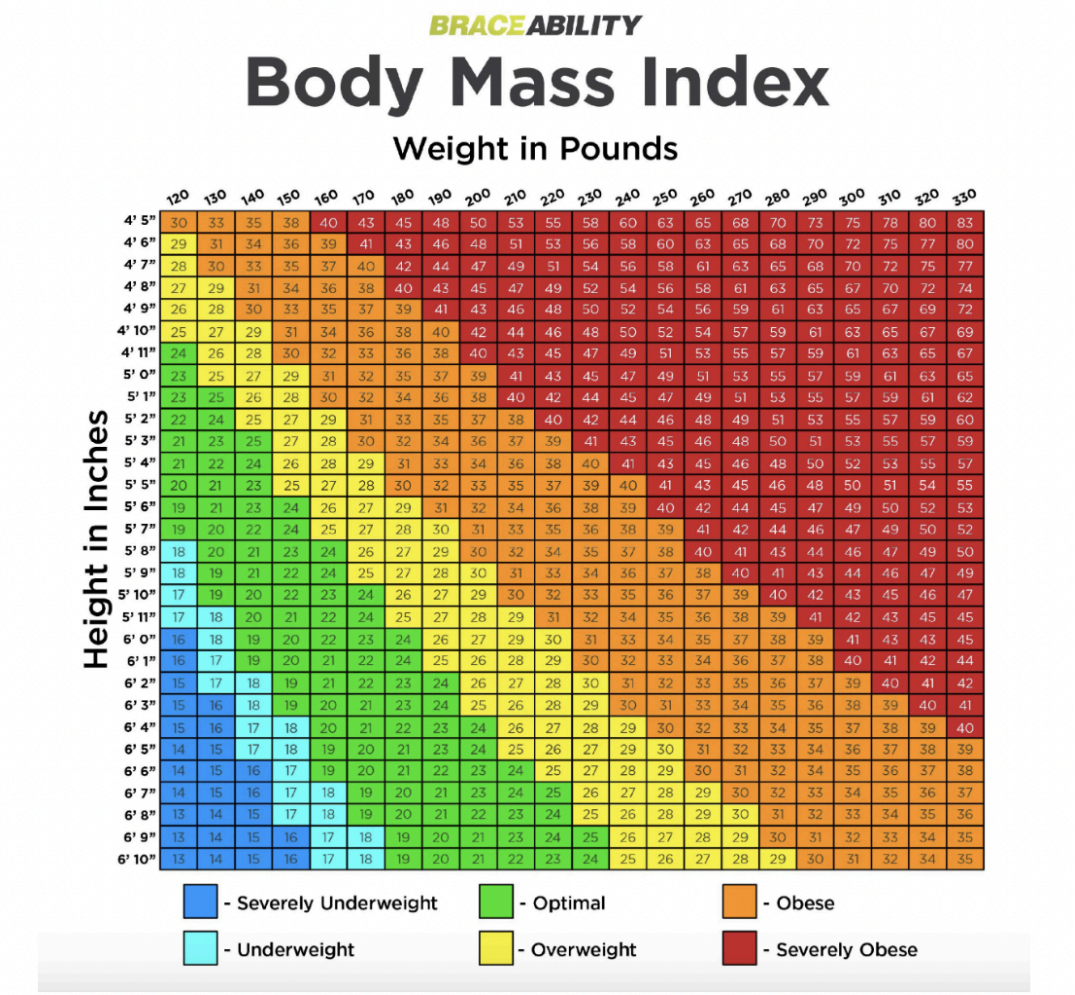
|---|---|
| | ☐ Black or African American<br>☐ Hispanic or Latino<br>☐ Native Hawaiian or other Pacific Islander<br>☐ White<br>☐ Other<br>☐ Prefer not to say |
| How tall are you? (feet and inches)* | |
| How much do you weigh (pounds)* | |

Let's calculate BMI (Body Mass Index). Use the chart to get your BMI. Click the circle for the answer below the chart. There are no wrong answers.




| Height in Inches | 120 | 130 | 140 | 150 | 160 | 170 | 180 | 190 | 200 | 210 | 220 | 230 | 240 | 250 | 260 | 270 | 280 | 290 | 300 | 310 | 320 | 330 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 4' 5" | 30 | 33 | 35 | 38 | 40 | 43 | 45 | 48 | 50 | 53 | 55 | 58 | 60 | 63 | 65 | 68 | 70 | 73 | 75 | 78 | 80 | 83 |
| 4' 6" | 29 | 31 | 34 | 36 | 39 | 41 | 43 | 46 | 48 | 51 | 53 | 56 | 58 | 60 | 63 | 65 | 68 | 70 | 72 | 75 | 77 | 80 |
| 4' 7" | 28 | 30 | 33 | 35 | 37 | 40 | 42 | 44 | 47 | 49 | 51 | 54 | 56 | 58 | 61 | 63 | 65 | 68 | 70 | 72 | 75 | 77 |
| 4' 8" | 27 | 29 | 31 | 34 | 36 | 38 | 40 | 43 | 45 | 47 | 49 | 52 | 54 | 56 | 58 | 61 | 63 | 65 | 67 | 70 | 72 | 74 |
| 4' 9" | 26 | 28 | 30 | 33 | 35 | 37 | 39 | 41 | 43 | 46 | 48 | 50 | 52 | 54 | 56 | 59 | 61 | 63 | 65 | 67 | 69 | 72 |
| 4' 10" | 25 | 27 | 29 | 31 | 34 | 36 | 38 | 40 | 42 | 44 | 46 | 48 | 50 | 52 | 54 | 57 | 59 | 61 | 63 | 65 | 67 | 69 |
| 4' 11" | 24 | 26 | 28 | 30 | 32 | 33 | 36 | 38 | 40 | 43 | 45 | 47 | 49 | 51 | 53 | 55 | 57 | 59 | 61 | 63 | 65 | 67 |
| 5' 0" | 23 | 25 | 27 | 29 | 31 | 32 | 35 | 37 | 39 | 41 | 43 | 45 | 47 | 49 | 51 | 53 | 55 | 57 | 59 | 61 | 63 | 65 |
| 5' 1" | 23 | 25 | 26 | 28 | 30 | 32 | 34 | 36 | 38 | 40 | 42 | 44 | 45 | 47 | 49 | 51 | 53 | 55 | 57 | 59 | 61 | 62 |
| 5' 2" | 22 | 24 | 25 | 27 | 29 | 31 | 33 | 35 | 37 | 38 | 40 | 42 | 44 | 46 | 48 | 49 | 51 | 53 | 55 | 57 | 59 | 60 |
| 5' 3" | 21 | 23 | 25 | 27 | 28 | 30 | 32 | 34 | 36 | 37 | 39 | 41 | 43 | 45 | 46 | 48 | 50 | 51 | 53 | 55 | 57 | 59 |
| 5' 4" | 21 | 22 | 24 | 26 | 28 | 29 | 31 | 33 | 34 | 36 | 38 | 40 | 41 | 43 | 45 | 46 | 48 | 50 | 52 | 53 | 55 | 57 |
| 5' 5" | 20 | 21 | 23 | 25 | 27 | 28 | 30 | 32 | 33 | 35 | 37 | 39 | 40 | 41 | 43 | 45 | 46 | 48 | 50 | 51 | 54 | 55 |
| 5' 6" | 19 | 21 | 23 | 24 | 26 | 27 | 29 | 31 | 32 | 34 | 36 | 38 | 39 | 40 | 42 | 44 | 45 | 47 | 49 | 50 | 52 | 53 |
| 5' 7" | 19 | 20 | 22 | 24 | 25 | 27 | 28 | 30 | 31 | 33 | 35 | 36 | 38 | 39 | 41 | 42 | 44 | 46 | 47 | 49 | 50 | 52 |
| 5' 8" | 18 | 20 | 21 | 23 | 24 | 26 | 27 | 29 | 30 | 32 | 34 | 35 | 37 | 38 | 40 | 41 | 43 | 44 | 46 | 47 | 49 | 50 |
| 5' 9" | 18 | 19 | 21 | 22 | 24 | 25 | 27 | 28 | 30 | 31 | 33 | 34 | 36 | 37 | 38 | 40 | 41 | 43 | 44 | 46 | 47 | 49 |
| 5' 10" | 17 | 19 | 20 | 22 | 23 | 24 | 26 | 27 | 29 | 30 | 32 | 33 | 35 | 36 | 37 | 39 | 40 | 42 | 43 | 45 | 46 | 47 |
| 5' 11" | 17 | 18 | 20 | 21 | 22 | 24 | 25 | 27 | 28 | 29 | 31 | 32 | 34 | 35 | 36 | 38 | 39 | 41 | 42 | 43 | 45 | 45 |
| 6' 0" | 16 | 18 | 19 | 20 | 22 | 23 | 24 | 26 | 27 | 29 | 30 | 31 | 33 | 34 | 35 | 37 | 38 | 39 | 41 | 43 | 43 | 45 |
| 6' 1" | 16 | 17 | 19 | 20 | 21 | 22 | 24 | 25 | 26 | 28 | 29 | 30 | 32 | 33 | 34 | 36 | 37 | 38 | 40 | 41 | 42 | 44 |
| 6' 2" | 15 | 17 | 18 | 19 | 21 | 22 | 23 | 24 | 26 | 27 | 28 | 30 | 31 | 32 | 33 | 35 | 36 | 37 | 39 | 40 | 41 | 42 |
| 6' 3" | 15 | 16 | 18 | 19 | 20 | 21 | 23 | 24 | 25 | 26 | 28 | 29 | 30 | 31 | 33 | 34 | 35 | 36 | 38 | 39 | 40 | 41 |
| 6' 4" | 15 | 16 | 17 | 18 | 20 | 21 | 22 | 23 | 24 | 26 | 27 | 28 | 29 | 30 | 32 | 33 | 34 | 35 | 37 | 38 | 39 | 40 |
| 6' 5" | 14 | 15 | 17 | 18 | 19 | 20 | 21 | 23 | 24 | 25 | 26 | 27 | 29 | 30 | 31 | 32 | 33 | 34 | 36 | 37 | 38 | 39 |
| 6' 6" | 14 | 15 | 16 | 17 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 27 | 28 | 29 | 30 | 31 | 32 | 34 | 35 | 36 | 37 | 38 |
| 6' 7" | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 32 | 33 | 34 | 35 | 36 | 37 |
| 6' 8" | 13 | 14 | 15 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 |
| 6' 9" | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 |
| 6' 10" | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 34 | 35 |


- ☐ Less than 25
- ☐ 25 to 29
- ☐ 30 to 39
- ☐ 40 and above