

Florida Department of Health Diabetes Prevention Program Registration Form



The Florida Department of Health in Palm Beach County is offering the Diabetes Prevention Program which is a structured, evidence-based, and year-long lifestyle change program designed to prevent or delay onset Type 2 diabetes in adults with Prediabetes or at risk of developing Type 2 diabetes. If you are interested in being a part of our next DPP cohort, then please complete this registration form for enrollment.

		/ /
Name		Date of Birth
()		
Phone Number	Email a	address
City of Residence	State	ZIP Code
Height	_	
Hispanic:		
□ Yes □ N	10	
Race:		
☐ Black/African American	☐ American Indian ☐ Asi	ian □ Hawaiian □ White
- C 1		
Gender		
Have you completed the "Pre ☐ Yes ☐ No	diabetes Risk Assessment" (the	e form attached to this registration form)?
What is your preferred delive ☐ Virtual ☐ In-pers	•	
•		
Would there be any barriers to \square Yes \square No	o commit to the 12-month dura	tion of the program?
If answered yes, then please e	xplain barriers:	



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Have you recently completed a medical screening for Diabetes? If so, please indicate which test and

provide the value if applicable.			
□ Yes	☐ No. Please skip to the next question.		
□ A1C	☐ FPG (Fasting Plasma Glucose)		
Value:	Value:		
☐ OGTT (Oral Glucose Tolerance Test)	☐ GDM (Gestational Diabetes Mellitus)		
Value:			
Do you require any accommodations? Please specify below.			

Important Note: Active Participation in the Diabetes Prevention Program requires weekly submissions of weight and minutes of activity achieved by each session. This is not optional. By submitting this registration form, you agree to have such information to be collected which will remain completely confidential.