



## 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 address

\_\_\_\_\_  
City of Residence

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Height

Hispanic:

☐ Yes

☐ No

Race:

☐ Black/African American

☐ American Indian

☐ Asian

☐ Hawaiian

☐ White

\_\_\_\_\_  
Gender

Have you completed the "Prediabetes Risk Assessment" (the form attached to this registration form)?

☐ Yes

☐ No

What is your preferred delivery method for sessions?

☐ Virtual

☐ In-person

Would there be any barriers to commit to the 12-month duration of the program?

☐ Yes

☐ No

If answered yes, then please explain 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.

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**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.