



I CAN Prevent Diabetes Risk Questionnaire



This form will help your healthcare provider decide if you need a test for diabetes.

You DO NOT need to answer these questions if

- ✓ You already have diabetes
- ✓ You are pregnant now
- ✓ You were already tested for diabetes during the past year

Please check each of the following statements that are TRUE for you:

- | | |
|--|---|
| <input type="checkbox"/> My blood pressure is <u>140/90 or higher</u> , or I have been told that I have high blood pressure. | <input type="checkbox"/> I have or had a brother, or sister with diabetes. |
| <input type="checkbox"/> I have been told that my cholesterol levels are not normal. | <input type="checkbox"/> I have had gestational diabetes, (diabetes during pregnancy), or I gave birth to a baby weighing more than 9 pounds. |
| <input type="checkbox"/> I am fairly inactive. I do NOT exercise <u>more</u> often than <u>two</u> times a week. | <input type="checkbox"/> I am <u>45</u> years of age or older. |

Did you check 2 or more of the boxes above?

If NO: You are at LOW risk for having pre-diabetes or diabetes now. You DO NOT need any further tests. You are done completing this form. Thank you.

If YES: You ARE at risk for pre-diabetes or diabetes. This does NOT mean that you have diabetes. You will need a blood test to find out. Take this form to your regular healthcare provider to determine if you need a test

If they recommend a test and you complete it, then ask your doctor to fill in the information below and bring this completed form and a prescription from your provider to the Kandiyohi County Area Family YMCA Diabetes Prevention Coordinator.

(For questions, you may call the YMCA at XXX-XXX-XXXX)

****Healthcare Provider Use Only****

Step 1: My patient, _____ has pre-diabetes; his/her (check one and enter value)

- Fasting plasma glucose = ____ mg/dL (must be 100 -125 mg/dL), **OR**
- 2-hour (75 gm glucola) plasma glucose = ____ mg/dL (must be 140 - 199 mg/dL)

Step 2: I (check one) DO / DO NOT recommend that this patient set goals for achieving 5 – 7% weight reduction through changes in diet and gradually increases in physical activity

Step 3: _____ (Pt name) is referred to the YMCA for the Diabetes Prevention Program

_____ Physician signature _____ Date

Please keep a copy of this form for your office records.