



eliminating racism  
empowering women  
**ywca**

Dubuque Community YMCA/YWCA  
Program Site: \_\_\_\_\_

# YMCA's DIABETES PREVENTION PROGRAM

## ENROLLMENT FORM

Today's Date:        /        /

<b>First name:</b>	<b>Last name:</b>
<b>Phone #:</b> -        -	<b>Email:</b>

**Preferred contact method:**     phone     email     text

**Gender:**     male     female     prefer not to answer    **Date of birth:**        /        /

**Have you ever been diagnosed with high blood pressure/hypertension?**     Yes     No

Are you currently taking prescription medication to control or manage your high blood pressure?     Yes     No

Were you diagnosed in the last *12 months* with high blood pressure/hypertension?     Yes     No

**Do you have a home blood pressure cuff?**     Yes     No

**How did you hear about the program?**

- |                                                                  |                                                           |
|------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="radio"/> Y staff member or volunteer                | <input type="radio"/> A poster, flyer or event at the Y   |
| <input type="radio"/> A friend or family member or word of mouth | <input type="radio"/> The Y's web site                    |
| <input type="radio"/> A doctor or other health care professional | <input type="radio"/> Media (TV, web, radio, print, etc.) |
| <input type="radio"/> A direct mailing/e-mail communication      | <input type="radio"/> Other (please specify)              |

**Are you a Y member?**     Yes     No

**Have you participated in any of the following Y Community Health Programs?**

- Enhance@Fitness
- YMCA's Diabetes Prevention Program

**What is your race:**

- |                                                              |                                                                 |
|--------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="radio"/> White or Caucasian                     | <input type="radio"/> Native Hawaiian or other Pacific Islander |
| <input type="radio"/> Black or African American              | <input type="radio"/> Asian                                     |
| <input type="radio"/> Hispanic, Latino(a), or Spanish origin | <input type="radio"/> Prefer not to answer                      |
| <input type="radio"/> American Indian or Alaska Native       | <input type="radio"/> Other (please specify)                    |

**FOR Y STAFF: BASELINE DATA**

Initial BP Measurement:

Systolic BP: \_\_\_\_\_ Diastolic BP: \_\_\_\_\_ Arm:     Right     Left

Measurement taken by: \_\_\_\_\_ Date Measured: \_\_\_\_\_

HIPAA form received:  Yes    Informed Consent form received:  Yes    Program fee paid:  Yes

SUBMIT FORM