

Family History of diabetes Yes or No
 Does Participant Utilize a Medical Clinic: Yes or No
 Does the Participant have a Primary Care Physician: Yes or No
 Does the Participant have an Eye Doctor: Yes or No
 Does the Participant have a Foot Doctor: Yes or No
 Does the Participant have a Dentist: Yes or No
 Does the Participant have a Registered Dietitian: Yes or No
 Insurance: Circle One: Medicare/Medicaid Private Uninsured

*Pre-Diabetes defined by the American Diabetes Association refers to someone who has blood glucose levels that are higher than normal but not yet high enough to be diagnosed as diabetes. There are two different tests used to determine whether a person has pre-diabetes: the fasting plasma glucose test (FPG) or the oral glucose tolerance test (OGTT).

Physical Activity Readiness Clearance

Based upon a current review of the health status of _____, I recommend:

- _____ No Physical Activity
- _____ Only a medically supervised exercise program until further medical clearance
- _____ No use of Steam, Sauna, and Whirlpool facilities
- _____ Progressive physical activity
 - _____ with avoidance of: _____
 - _____ with inclusion of: _____
- _____ Unrestricted physical activity-start slowly and build up gradually

CONSENT TO RELEASE INFORMATION:

I hereby authorize my Clinic/Provider to give/receive information concerning my health to the YMCA of Greater Cleveland for the purpose of participating in the Activate Ohio Diabetes Education Program.

Patient Signature _____ Date _____

Doctors Signature **Date**