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 were already tested for diabetes during the past year**
- ✓ **You are pregnant now (this program is not for women who are pregnant)**

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

- ☐ **My blood pressure is 140/90 or higher, or I have been told that I have high blood pressure.**
- ☐ **I have been told that my cholesterol levels are not normal.**
- ☐ **I am fairly inactive. I do NOT exercise more often than two times a week.**
- ☐ **I have or had a parent with diabetes.**
- ☐ **I have or had a brother, or sister with type 2 diabetes.**
- ☐ **I have had gestational diabetes, (diabetes during pregnancy).**
- ☐ **I gave birth to a baby weighing more than 9 pounds.**
- ☐ **I have been told by a doctor that I am overweight (BMI >25)**
- ☐ **I am 45 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 type 2 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 type 2 diabetes. This does NOT mean that you have diabetes. You will need a blood test to find out. Discuss this form with your regular healthcare provider to determine if you need a test. If they recommend a test and you complete it, then ask your doctor, nurse or dietitian to fill in the information below and fax this completed form, signed by your provider. Check www.icanpreventdiabetes.org for a group near you to help you reduce your risks for developing diabetes.

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

Step 1: My patient, ______________________, has **pre**-diabetes or is at risk for diabetes; (check one)

- ☐ At risk for diabetes based on above risk factors
- ☐ A1C = 5.7 – 6.4 %, **OR**
- ☐ Fasting plasma glucose = 100 -125 mg/dL, **OR**
- ☐ 2-hour (75 gm glucose) plasma glucose = 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 gradual increases in moderate physical activity.

Step 3: ______________________ (Pt name) ______________________ (Pt Phone number)

is referred to the I CAN Prevention Diabetes Program.

______________________ **Provider signature** ___________ **Date**

______________________ **Clinic**

Keep a copy for the patient chart and give a copy to the patient.