



City of Savannah – Employee Health and Wellness

Today’s Date (mm/dd/yyyy): _____

First Name:	Last Name:
Date of Birth (mm/dd/yyyy): _____/_____/_____ Age: _____	Gender (check one): _____ Male _____ Female
Ethnicity (check one): _____ Hispanic or Latino _____ Not Hispanic or Latino	Race (check all that apply): _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or Pacific Islander _____ White
COS Email address: _____	Preferred Phone Number: _____-_____-_____ Preferred method of contact: ___ Email ___ Texting ___ Phone call
Level of Education: ___ Less than grade 12 (no high school diploma or GED) ___ Grade 12 or GED (high school graduate) ___ College 1 – 3 years (some college or technical school) ___ College 4 or more years (college graduate) ___ Not reported	Do you (check all that apply): ___ Have internet at home ___ Have a smartphone and text
Height: _____ feet _____ inches	Weight: _____ pounds (round to nearest pound)

Have you been told by a health care provider that you have pre diabetes, elevated blood sugar, or borderline diabetes? (check one):

_____ Yes _____ No

*** If yes, what type of blood test was performed? (check all that apply)**

- _____ Finger prick blood test
- _____ Fasting glucose test (blood test where blood was drawn with needle)
- _____ Hemoglobin A1c test
- _____ Oral Glucose Tolerance Test
- _____ Don’t know / don’t remember

If you are a woman, have you ever been told by a health care provider that you had Gestational Diabetes Mellitus (GDM) during pregnancy? (check one):

_____ Yes _____ No

Have you been told by a health care provider that you have diabetes ? (check one):

_____ Yes _____ No

*** Please include a copy of your lab result with this form, if possible.**

Do you have any other health issues or concerns that you would like for us to know about, as a participant in this program? If so, please use the below space to share with us.

Take a moment and think about how ready or likely you are in terms of doing the following. Your response *will not* impact your chance to participate in the program. On a scale of 1 (low) to 10 (high):

1. How ready are you to log your food intake at least 5 days/week? _____
2. How ready are you to walk 30 minutes at least 5 days per week? _____
3. How ready are you to eat less food or smaller portions to reduce your caloric intake? _____
4. How ready are you to change the types of foods you are eat so that it includes more vegetables, fruits, whole grains, lean meats and low fat dairy? _____

Please let us know what day and time would not work for you to have the group meeting.

Expectations

In order to get the most out of the program participants are expected to attend the sessions faithfully and work on their lifestyle change goals for losing weight and reducing the risk of developing type 2 diabetes. Success is strongly determined by attendance. Expectation:

- 1) Attend at least 13 of the 16 sessions offered the first 6 months
- 2) Attend at least 4 of the 6 sessions offered in months 7-12

Your completion and submission of the information below indicates that you voluntarily agree to all of the preceding provisions.

Participant's Signature _____ Date _____