



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CONTACT INFORMATION AND REFERRAL SOURCE

YOUR CONTACT INFORMATION:

First name*

Middle name

Last name*

Gender*

Date of birth*

Email address

Street 1*

Street 2

City*

State*

Postal code*

Home phone

Work phone

Mobile phone

Height (ft)*‡ Height (in)*‡ Weight (lbs)*‡

RACE/ETHNICITY:

- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- Hispanic/Latino of any race
- White

*Required information to complete enrollment

‡Self-reported

REFERRAL METHOD:

- Doctor/Physician
- Nurse
- Diabetes Educator
- Dietician/Nutritionist
- Practice Manager or Office Manager
- Dentist
- Optometrist/Ophthalmologist
- Pharmacist
- Screening/Testing Event or Health Fair
- Family/Friend or Word of Mouth
- Employer
- Insurance Company
- Media (TV, web, radio, print, etc.)
- Staff Member
- Other:

PLEASE CHECK ONE: Is your employer/insurer paying any portion of the fee for you to participate in the YMCA's Diabetes Prevention Program?

- Yes No

SEND COMPLETED FORM TO:

Aimee Smith, Director of Healthy Living
2000 Market Street, Suite 750
Philadelphia, PA 19103
OR
Asmith@philaymca.org

Philadelphia Freedom Valley YMCA, ("YMCA") and the National Council of Young Men's Christian Association of the United States of America ("YMCA of the USA"), have made a commitment to collaborate on efforts to support a national movement to increase awareness and take measures to prevent diabetes and its complications among groups at risk, and to help support treatment outcomes for individuals who have confirmed diagnoses or indications of prediabetes by promoting an effective lifestyle change. The parties referenced above do not warrant or guarantee any specific outcomes for program participants, with respect to diabetes prevention.