

# Discovery Session for the National Diabetes Prevention Program's Lifestyle Change Program

## Appendix G—Lifestyle Change Program Enrollment Form

First Name

Last Name

Preferred Name

Age in Years

Preferred Phone Number

Is this a home, work, or cell number?

Home

Work

Cell

Email Address

Do you have a primary care physician?

Yes

No

Do you have health insurance?

Yes

No

Name of health insurance provider



**Centers for Disease  
Control and Prevention**  
National Center for Chronic  
Disease Prevention and  
Health Promotion