



# Wise Choices Diabetes Prevention Program Agreement

Yes, I am interested in participating in the Diabetes Prevention Program (DPP).

- I am being referred to the Diabetes Prevention Program because:
  - I have prediabetes
  - I have a history of gestational diabetes (diabetes while pregnant)
- I understand the Diabetes Prevention Program is a one year commitment. There will be 1 core session held each week for the first 4 months. After that, there will be 1 post-core session held each month for the next 8 months.
- I agree to attend:
  - at least 9 of the 16 core sessions, and
  - at least 3 of the 8 post-core sessions
- **I give permission for the local Diabetes Prevention Program to share information about my attendance at sessions, changes in my weight, and changes in my physical activity with the Wise Choices Program.**
- This authorization will expire one year from the date of the first Diabetes Prevention Program session.

\_\_\_\_\_  
Participant Name (Printed)

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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**Office Use Only**

Participant MBCIS ID: \_\_\_\_\_

Organization conducting Diabetes Prevention Program: \_\_\_\_\_

Date of first Diabetes Prevention Program session: \_\_\_\_\_

\_\_\_\_\_  
Health Coach Name

\_\_\_\_\_  
Health Coach Signature

**Fax this completed form to  
517-335-8752**