

Diabetes Exercise Program

STAFF USE

APPLICATION
For Exercise Funding

Date Rec'd:
Area:
BMI:
RF:
Priority:
Approved:

Name _____ Age _____
PLEASE PRINT

Complete Address: _____

Telephone number: _____

Are you an enrolled Siletz tribal member?: Yes No

Are you an enrolled member of a federally recognized tribe other than Siletz?:
No Yes: Tribal Affiliation : _____

Have you been diagnosed with diabetes?: Yes No

If you are not diabetic please answer the following –

1. Nearest relative that is a diagnosed diabetic (i.e. brother, uncle, mother, etc.):

2. Weight _____ Height _____
3. If you are a woman, were you ever diagnosed as having gestational (during pregnancy) diabetes OR have you given birth to a baby over 10 pounds?

4. Have you ever been told that you have “borderline diabetes”, “metabolic syndrome” or “pre-diabetes”? (please circle which) _____
5. Are you physically active currently? _____
What kind of exercise do you participate in currently? _____
On average, about how many minutes a week do you participate in exercise?

Where do you receive your primary care?: _____

Primary Care Provider: _____

Which facility would you like to use? (Please see the list of facilities in your area)

Signature _____

Date _____