

# KNOW YOUR RISK

## CAN WE HELP?

STAFF USE ONLY	MEMBER SERVICES USE
	Branch _____
	Staff Name _____
	Date _____

Name (please print) \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

Answer these questions	Yes	No
Has your doctor diagnosed you with prediabetes?		
Do you have a parent with diabetes?		
Do you have a brother or sister with diabetes?		
Find your height on the chart to the right. Do you weigh as much or more than the weight listed for your height? Height      Weight		
Are you younger than 65 years of age and get little to no physical exercise in a typical day?		
Have you been diagnosed with fibromyalgia?		
Have you been diagnosed with arthritis?		
Are you interested in weight loss coaching and support?		
Are you interested in an exercise program specifically for chronic conditions?		
Are you interested in our Diabetes Prevention Program?		

Height	Weight (lbs)
4'10"	129
4'11"	133
5'0"	138
5'1"	143
5'2"	147
5'3"	152
5'4"	157
5'5"	162
5'6"	167
5'7"	172
5'8"	177
5'9"	182
5'10"	188
5'11"	193
6'0"	199
6'1"	204
6'2"	210
6'3"	216
6'4"	221

### For more information on any of our Chronic Disease Programs

Contact: [sgillenwater@ymcavbr.org](mailto:sgillenwater@ymcavbr.org)

**Enhance Fitness - 3 times a week 60 minutes**  
**Cardio, Strength and Balance Training**

**Weight Loss Coaching and Support - Weekly 45 minutes**