



*the*  
**Chickasaw  
Nation**

**Department of Health  
Diabetes Care Center**

1921 Stonecipher Blvd. / Ada, OK 74820 / Phone: (580) 421-4532 / Fax: (580) 421-4572

**Bill Anoatubby  
Governor**

## LifeRx Participant Application

**\* Answers required to participate in the program**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
First Middle Last Suffix

Mailing address: \_\_\_\_\_  
Street City State ZIP

Physical address: \_\_\_\_\_  
Street City State ZIP

Same as mailing

Phone: (\_\_\_\_) \_\_\_\_\_ message no. (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

(Click [HERE](#) to take the pre-diabetes risk test)

1. Have you been diagnosed with pre-diabetes with the following tests? \* (please check all that apply)

2-hour oral glucose tolerance test

Fasting blood glucose test

Hemoglobin A1c

Don't know

2. What is your gender?

Male  Female

3. Females: do you have a history of gestational diabetes? \*

Yes  No

(Diabetes during any pregnancy)

4. What is your age in years? \*

\_\_\_\_\_ years

5. Do you weigh more than you should and find it difficult to lose weight and keep it off?

Yes  No