

To attend diabetes education programs you must:

- Have a confirmed diagnosis of Type 1 or Type 2 Diabetes or Prediabetes

Please fill out the following information and, if possible, fax along with:

- Recent blood work results
- A list of up to date medications you are taking

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number (Day): \_\_\_\_\_ Phone Number (Evening): \_\_\_\_\_

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

Southwest Ontario Aboriginal Health Access Centre Service Preferred? Yes No

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_ Family Doctor: \_\_\_\_\_

OHIP#: \_\_\_\_\_ When is the best time to contact you? \_\_\_\_\_

If you know, which type of diabetes do you have? Type 1 Type 2 Prediabetes

When were you diagnosed? Newly Diagnosed (less than 1 year) Established (greater than one year)

Are you pregnant? Yes No If pregnant, when is your due date? \_\_\_\_\_

If pregnant, where are you delivering? \_\_\_\_\_

Do you have any allergies? Yes No If yes, to what? \_\_\_\_\_

Do you take insulin? Yes No Do you take other medications for your diabetes? Yes No

Have you attended Diabetes Education in the past? Yes No

Language Spoken? English/French/Other: \_\_\_\_\_

Is there anything else you would like us to know about you? \_\_\_\_\_

Do you give permission to contact your family doctor for more information if required? Yes No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

DEP: **For Internal Use ONLY**

First Contact: **For DEP Use ONLY**

Appointment Dates: