

SELF-REFERRAL FORM

Central Intake Fax: 1-855-DIABETS (342-2387) or 519-620-3114 Central Intake Phone: 1-844-204-9088 or 519-947-1000 x372 Mail Address: 150 Pinebush Rd, Unit #6, Cambridge, ON, N1R 8J8

To attend diabetes education programs in Waterloo-Wellington you must:

- Have a confirmed diagnosis of Type 1, Type 2 Diabetes, Prediabetes or at High Risk for Diabetes
- Reside in the Waterloo-Wellington region

Please fill out the following information and send along with recent blood work results and/or a list of up-to-date medications you are taking, if possible.

Name:	Male Female
Phone Number (Day):	Phone Number (Evening):
Email:	
Address:	Aboriginal Status: Yes No
City:	Postal Code:
Date of Birth (dd/mm/yyyy):	Family Doctor:
OHIP#:	When is the best time to contact you?
Are you pregnant? Yes No Do you have any allergies? Yes No Do you take insulin? Yes No Have you attended Diabetes Education in the past? Yes Language Spoken? English/French/Other:	If pregnant, when is your due date? If pregnant, where are you delivering? If yes, to what? Do you take other medications for your diabetes? Yes No es No
Do you give permission to contact your family doctor for more information if required? Yes No	
Signature: Date:	For Internal Use ONLY DEP:
Print Name:	First Contact: For DEP Use ONLY
	Appointment Dates: