

SELF-REFERRAL FORM

Central Intake Fax: 1-855-DIABETS (342-2387) or 519-650-3114 Central Intake Phone: 1-844-204-9088 or 519-947-1000 x372 Mail Address: 320B Pinebush Rd, Unit #9, Cambridge, ON, N1T 1Z6

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:	
Phone Number (Day):	Phone Number (Evening):
Email:	
Address:	Aboriginal Status: Yes or No
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 or Type 2 or Prediabetes or High Risk
When were you diagnosed? Newly Diagnosed	(less than 1 year) or Established (greater than one year)
Are you pregnant? Yes or No	If pregnant, when is your due date?
	If pregnant, where are you delivering?
Do you have any allergies? Yes or No	If yes, to what?
Do you take insulin? Yes or No	Do you take other medications for your diabetes? Yes or No
Have you attended Diabetes Education in the pa	st? Yes or 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 do	ctor for more information if required? Yes or No
Signature: D	Pate: DEP:
Print Name:	First Contact: For DEP Use ONLY
	Appointment Dates: