

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: