

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 or Female

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 past? 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 doctor for more information if required? Yes or No

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

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

**For Internal Use ONLY**  
DEP: \_\_\_\_\_

**For DEP Use ONLY**  
First Contact: \_\_\_\_\_

Appointment Dates: \_\_\_\_\_