

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 or Female or	
Phone Number (Day):	Phone Number (Evening):	
Email:		
Address:	_ Identify as First Nations, Inuit, Metis: Yes or No	
City:	Postal Code:	
Date of Birth (dd/mm/yyyy):	Family Doctor:	
OHIP#:	———— When is the best time to contact you?	
	e? Type 1 or Type 2 or Prediabetes or High Risk	
When were you diagnosed? Newly Diagnosed	d (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	ast? Yes or No	
Language Spoken? English/French/Other:		
Is there anything else you would like us to know	v about you?	
	octor for more information if required? Yes or No	

Signature:	Date:	DEP:	For Internal Use ONLY
Print Name:		First Contact:	For DEP Use ONLY
<		Appointment Dates:	