

SELF-REFERRAL FORM

Central Intake Fax: 1-855-DIABETS (342-2387) or 519-650-3114

Central Intake Phone: 519-653-1470 x372

Mail Address: 887 Langs Drive, Unit #11, Cambridge, ON, N3H 5K4

For Internal Use ONLY

First Contact:

Appointment Date: _____

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

- Have a confirmed diagnosis of Type 1 or Type 2 Diabetes or Prediabetes
- Reside in the Waterloo-Wellington region

Please fill out the following information and fax back

If possible, please attach recent blood work results and/or a list of up to date medications you are taking Male Female Phone Number (Day): ______ Phone Number (Evening): _____ City: Postal Code: Date of Birth (dd/mm/yyyy): _____ Family Doctor:____ _____ When is the best time to contact you?_____ OHIP#: ___ If you know, which type of diabetes do you have? Type 1 or Type 2 or Prediabetes 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? If yes, to what? _____ Do you have any allergies? Yes or No 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: