Barrie Community Health Centre

Diabetes Management Centre - Self Referral Form

Eagle Ridge Professional Complex, 490 Huronia Road, Barrie, Ontario L4N 6M2
Phone: (705) 734-9690 Fax: (705) 719-4877

Date Referral Received: Appointment Date:

Comments:

Please give a copy to patient/family/significant other

Last Name: First Name:

Date of Birth: ☐ M ☐ F Allergies:

Address: City/Town: Postal Code:

Telephone: H W Mobile:

Health Card #: Version Code:

Reason for Referral? ☐ Pre-diabetes ☐ Type 1 ☐ Type 2 ☐ Gestational

How long have you had Diabetes?

Any previous diabetes education? ☐ No ☐ Yes When? Where?

Do you have/have you experienced any of the following? (check all that apply)

☐ Family history of Diabetes	☐ Overweight/Obesity	☐ Heart Attack	☐ Smoker
☐ High Blood Pressure	☐ Heart Disease	☐ Eye Problems	☐ Nerve damage
☐ High cholesterol	☐ Heart Failure	☐ Gestational Diabetes	☐ Kidney damage
☐ Mental Health	☐ other		

Medications:

Do you have a Family Physician? ☐ No ☐ Yes Name:

Phone: Fax:

WHEN YOU COME FOR YOUR APPOINTMENT PLEASE BRING THE FOLLOWING:

- ✓ **Your health card**
- ✓ **All of your medications or a list of them**
- ✓ **If you have one, bring your blood sugar monitor and a record of your blood sugar readings**
- ✓ **A family member or significant other are WELCOME to attend with you**
- ✓ **3 day food record**

☐ I authorize the staff from the Diabetes Management Program to contact my Family Physician to obtain records of my most recent lab work.

Patient Signature Date