



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: _____	
<b>Please give a copy to patient/family/significant other</b>	

Last Name: _____	First Name: _____
Date of Birth: _____ <input type="checkbox"/> M <input type="checkbox"/> 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 \_\_\_\_\_