



Self-Referral Sheet: Diabetes Care Guelph

83 Dawson Road

Guelph ON N1H 1B1

Phone: 519 840 1964 Fax: 519 840 1963

To attend our clinic you must be:

- Over the age of 18 years
- Have a confirmed diagnosis of type 1 or type 2 Diabetes
- Be a resident of Guelph or your family doctor must be located in Guelph

Please fill out the following information and drop it off at our clinic.

If possible, attach recent blood work results and/or an up to date medication list.

****By completing this form you are giving our clinic permission to contact your doctor for more information if required ****

Name: _____ Male or Female _____

Home Phone: _____ Cell/Work Phone: _____

Date of birth: _____ Family Doctor: _____

Address: _____

If you know, do you have Type 1 or Type 2 Diabetes? _____

How long have you had diabetes for? _____

Do you have any allergies? Yes No

If yes, to what? _____

Do you take insulin?

Y N

Have you attended Diabetes Education in the past?

Y N

Is there anything else you would like us to know about you?

When is the...

Best time to contact you? _____

Best time for appointments? _____

Thank you for submitting this self-referral sheet.
Our clinic will contact you soon- we look forward to meeting you!