Carefirst Diabetes Education Program

Phone: 905-695-1140 Fax: 905-695-0826

Please drop off completed form at our offices or fax to Carefirst Diabetes Education Program at *(905)-695-0826*

Self-Referral Form

Carefirst Diabetes Education Program offers education workshops for FREE

My current diagnosis 我被確診為:

☐ Type 2 Diabetes 二型糖尿病

☐ Prediabetes 前期糖尿病

☐ At high risk of developing diabetes (*Family history/ overweight or obese / high cholesterol/high blood pressure/ above 40 years age/ belonging to high risk: Asian, South Asian, and Hispanic*).
我屬於糖尿病高危人群 (家族遺傳/超重 或 肥胖/高膽固醇/高血壓/ 四十周歲以上 /屬於高危人群: 亞洲人,南亞人和西班牙裔)

Please tell us how you know about our program (circle): Community workshop or event/ health fair/friend/relative or others / 請告訴我們您是如何知道我們的計劃的（畫圈）：社區研討會或活動/健康博覽會/朋友/親戚或其他人

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Last Name/ 姓: _____ First Name/ 名: _____ M/男性 ☐ F/女性 ☐

Date of Birth: ____/_____/_____ OHIP Number/ 醫療卡號碼: _____
出生日期: Day / Month /Year

Contact Number/聯絡電話: _____ Email Address/電郵地址: _____

Address/ 地址: _____
Street Number Street Name Unit/ Apt City Postal Code

Preferred Location/首選地點: ☐ **Scarborough** (300 Silver Start Blvd) ☐ **Richmond Hill** (420 Hwy 7 East, Unit 27)

Preferred Language/首選語言: ☐ English ☐ Cantonese / 廣東話 ☐ Mandarin/ 普通話

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You must have a family doctor in order to join the DEP/ 您必須有家庭醫生才能加入耆暉糖尿病教育中心***

Family doctor information/ 家庭醫生:

Doctor Name 家庭醫生姓名: _____ Phone Number/ 電話: _____

Address/ 地址: _____

☐ **I consent to Carefirst DEP to obtain pertinent health related information from my family doctor for the purposes of diabetes education** /我同意耆暉糖尿病教育中心通過我的家庭醫生獲取我的健康相關信息以助糖尿病教育

_____ _____
Signature of Client/ 簽名 Date/ 日期