



**Diabetes Education Program
New Client Intake Form**

Demographics

Name (Last, First, M.I.) _____

Date of Birth: (DD,MM,YYYY) _____ Sex: Male Female

Address: _____ City: _____ Postal Code: _____

Telephone Number: _____ Alternate Number: _____

Health Card Number: _____ Version Code: _____ Expiry: _____

Status Card Number: _____ Band Name: _____

Spoken Language: _____ Religion: _____

Race/Ethnic Origin: (circle) First Nation Métis Other _____

Country of Origin: (circle) Canada Other _____

Living Arrangement: (circle all that apply)

Alone Family: Spouse Children Parents Siblings
Extended Family Friends Foster Family Boarding Home

IN CASE OF EMERGENCY:

Contact Name(s): _____

Relationship: _____ Phone Number: _____

Have you ever been a client of Misiway? _____

Have you received services from a Diabetes Education Program in the past? Yes No

If yes, what was the name of the Diabetes Education Program? _____

Who is your primary health care provider? _____

Do you have? Type 2 Diabetes Pre-Diabetes At Risk

Do you take meds for you diabetes? Pills Insulin diet only

Have you been admitted to the hospital or gone to the emergency
because of your diabetes in the past 3 mths? Yes No