



**Misiway Milopemahtesewin Community Health Centre**  
**Diabetes Education Program**  
**130 Wilson Ave., Timmins, Ontario P4N 2S9 Phone: 705-264-2200 Fax: 705-267-5688**

**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

**INCASE OF EMERGENCY:**

**Contact Name(s):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Have you ever been a client of Misiway?** \_\_\_\_\_

**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**