



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

IN CASE 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