



Diabetes Education Self Referral Form

West Elgin Community Health Center
153 Main St
West Lorne

519-768-1715 ext 2301
519-768-2548 (fax)

Dutton Medical Centre
156 Currie Road

Dutton

519-768-1715 ext 2301

Aylmer
424 Talbot St. W. Unit L9
Aylmer

519-765-4797
519-765-4977 (fax)

Referral Date:	Resident of Elgin County ____yes
Name:	Contact : home phone _____ work phone _____
Address:	
Postal code:	Family Doctor:
Type of diabetes : <input type="checkbox"/> Pre-diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 When were you diagnosed? _____ How old are you now? _____ DOB: _____	Current Medications: _____ _____ _____ _____ _____ _____ _____

May we have permission to contact your family doctor to get copies of most current lab values? ____ Yes ____ No

Signature _____ Date _____

What are your biggest concerns? _____

How did you hear about the program?

- Flyer
 Doctor
 Newspaper Ad
 Sign
 Friend/Family
 Community Talk/Health Fair