niagarahealth

Extraordinary Caring. Every Person. Every Time.

Client Self−Referral
Niagara Diabetes Centre

Fax Referral To: 905−682−3622 **Phone: 905−682−4200 or 1−800−263−2480**

Appointment Location: ☐ St. Catharines ☐ Niagara Falls ☐ Welland

Last Name (please print)	First Name (please print)	
Birth Date (dd/mm/yyyy)	Age	Gender
Address		
City	Province	Postal Code
Home Telephone Number:	Cell Phone Number:	
Work/Business Number:	Health Card Number:	

Reason for Referral: ☐ Education ☐ Management Control ☐ Other: _____

Please indicate your current and/or past medical history:

☐ Pre−Diabetes/Date of Diagnosis
(dd/mm/yyyy) _____

☐ Type 2 Diabetes/Date of Diagnosis
(dd/mm/yyyy) _____

☐ Type 1 Diabetes/Date of Diagnosis
(dd/mm/yyyy) _____

☐ At Risk for Diabetes

☐ Heart Disease ☐ High Blood Pressure ☐ Renal/Kidney Disease ☐ Other: _____

List any medications that you take for Diabetes:

Family Physician Name (optional)	Office Number
Address	
Client Signature	Date (dd/mm/yyyy)

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