



YDC Self-referral Form

Welcome to the Youville Diabetes Centre! At our centre we are committed to working together with the people we serve and their circles of care to assist them in building knowledge and understanding of how to live well with diabetes and pre-diabetes and to help prevent diabetes complications. Please be aware that we are a smudge friendly space.

As we do not have doctors on site, please be aware that we are limited in the amount of medical support we can provide.

First Name: _____ **Last Name:** _____

Preferred pronouns: _____ **Preferred name:** _____

Date of Birth: _____ **Address:** _____
MM/DD/YYYY

MB Health card number (6 digit): _____ **PHIN (9 digit):** _____

Phone Number: _____

Email: _____

Please tell us what type of diabetes you live with:

- Type 1 Type 2 Pre-diabetes Gestational diabetes No diabetes

How did you hear about Youville Diabetes Centre?

- Doctor/Healthcare Provider
 Friend/Family
 Internet/Social media
 Other: _____

We offer the following services at our centre. Please check which services you are interested in. (All services are covered under MB Health except for footcare):

- | | |
|---|--|
| <input type="checkbox"/> Diabetes Educator | <input type="checkbox"/> Harm Reduction Supplies/Education |
| <input type="checkbox"/> Counselling | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Group Diabetes Education Classes | <input type="checkbox"/> Foot care services (for a fee) |
| <input type="checkbox"/> Community Pantry Access | |



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At Youville, we are committed to ensuring that everyone has equal opportunities to receiving support and care. In order to do this, we ask those that access our services if they identify as part of marginalized communities (Indigenous, newcomer, 2SLGBTQIA*, visible minority, deaf/hard of hearing, blind/vision impaired or experiencing systemic barriers such as poverty).

Do you identify as a part of any of those groups?

Yes

No

Is there anything else that you would like us to know?

After completing this form, our intake worker will contact you to discuss our services and your goals. Please indicate the best time for us to contact you.

Morning

Afternoon

Evening

Specific date/time : _____

If you understand the information on this form and consent to having your demographics used by our staff to help you navigate services at Youville Diabetes Centre, please sign below.

Signature: _____

Date: _____