West Toronto Diabetes Education Program
...achieving health goals together!

Ontario's Community Health Centres

United Way of Greater Toronto

WTDEP Registration form

☐ Individual counseling with RN and RD ☐ Group Education Session

Name: _____ M ☐ F ☐ Date of Birth: ____/_____/_____
Day / Month /Year

Address: _____

Phone: (_____) _____ When is the best time to reach you? _____

Primary Language: _____ Interpreter required: Y ☐ N ☐

Email address (optional):_____

I allow WTDEP to contact me via email regarding program updates and upcoming events? Y ☐ N ☐

Emergency Contact Name: _____ Phone: _____

Do you have any allergies? _____

What type of diabetes do you have? ☐ At risk ☐ Pre-diabetes ☐ Type 2 ☐ General Interest

How do you manage your diabetes? ☐ Diet/Exercise ☐ Oral Medication ☐ Insulin

How long have you had diabetes? _____

Previous diabetes education: ☐ Y ☐ N When: _____ Where: _____

Registration for Individual counseling with RN and RD

Do you have or experience any of the following (please check all that apply):

☐ Family history of diabetes	☐ High blood pressure	☐ High cholesterol
☐ Gestational diabetes	☐ Overweight/ Obesity	☐ Smoker
☐ Heart disease	☐ Heart failure	☐ Heart Attack
☐ Retinopathy (Eyes)	☐ Neuropathy (Nerves)	☐ Nephropathy (Kidney)

Do you have a family doctor? ☐ Y ☐ N

If yes, Doctor Name: _____ Phone: _____