

# DIABETES COLLABORATIVE: ENROLLMENT FORM

**Our purpose:** To make a positive change in the effect of diabetes for Monterey County residents

Fax completed form to: Diabetes Collaborative

Fax number: (831) 644-7453

Phone number: (831) 644-7491, opt.1

## REQUIRED INFORMATION:

### Primary Care Provider:

PCP Fax number:

PCP Phone number:

**Reason for Enrollment:** Assistance in connecting with: Diabetes Prevention Program  
Diabetes Self-Management Education and/or support services

**Patient Information:** Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender:  Male  Female Preferred Language:  English  Spanish  Other

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred method to contact: \_\_\_\_\_ Health Insurance Provider: \_\_\_\_\_

Health Plan ID: \_\_\_\_\_

### DIAGNOSIS:

Prediabetes  Diabetes: Type 1  Diabetes: Type 2  Gestational diabetes  Other (qualifying high risk score)

Last HbA1c (if available): \_\_\_\_\_ % Date Taken: \_\_\_\_\_

Notes: \_\_\_\_\_

More information available online at [communityhealthinnovations.org/diabetes](http://communityhealthinnovations.org/diabetes)

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### Partnership of

