

Markham Stouffville Hospital
Diabetes Education Services
Health Services Building
379 Church Street 3rd Floor
Markham ON. L6B 0T1
Ph: 905-472-7527 option 1 Fax: 905-472-7533

Self Referral Form

Name of Patient: _____

Male

Female

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Date of Birth
(Day/Month/Year) _____

Health Card Number (MANDATORY) _____

Family Physician Name: _____

Physician Address: _____

Physician Phone #: _____

Reason for Self Referral: Please check all that apply:

Type 1 Diabetes

Type 2 Diabetes

Pre-Diabetes

Do you take medication for diabetes?

No

Yes

Pills

Insulin

Both pills and insulin

**Please have your family physician fax most recent
bloodwork results as soon as possible.**

