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| Contact INFORMATION | | | | | | | | | | | |
| Last Name: | | | First Name: | | | | Middle Initial: | | | | Birth Date: |
| Physician Name: | | | Please select your preferred method of communication (select all that apply):   * Home Phone * Cell Phone * Email | | | | | | | | |
| Home phone #: | Cell Phone #: | | | Email address: | | | | | | | |
| Mailing Address: | | | | | | | | | | | |
| P.O. box: | | City: | | | | | | State: | | ZIP Code: | |
| **DIABETES INFORMATION** | | | | | | | | | | | |
| I have been diagnosed with (check one):   * Type 1 Diabetes * Type 2 Diabetes | | | | | | Date of Diagnosis (approx. if unknown): \_\_\_/\_\_\_\_/\_\_\_\_ | | | My DOB: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | |
| My family member has been diagnosed with (check one):   * Type 1 Diabetes * Type 2 Diabetes   Which family member(s)?  (Indicate relationship-For example, mother or sibling)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date of Diagnosis (approx., if unknown: \_\_\_/\_\_\_\_/\_\_\_\_ | | | Relative’s DOB: \_\_\_/\_\_\_\_/\_\_\_\_ | | |
| I am/My family member is currently on a \_\_\_pump \_\_\_CGM (select all that apply) | | | | | If on a pump, which one?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | My/My Family Member’s last A1c was \_\_\_\_\_\_\_\_\_\_ (if known) | | |