Diabetes All Patient Registry

CHW Diabetes Program

Sioux Lookout First Nations Health Authority

Family & Community Medicine UNIVERSITY OF TORONTO

Community Name: _____

Start date for this page (DD/MM/YY): _____/_____/_____

This is a list of all the diabetes patients in the community – needs updating every 3 months

Page Number: _____

Client #	Date DD/MM/YY	First and Last Name	Sex M/F	Date of Birth DD/MM/YYYY	OHIP Number or Band Number	Date of Diabetes Diagnosis DD/MM/YYYY	Date of Last Retinal Exam DD/MM/YYYY
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