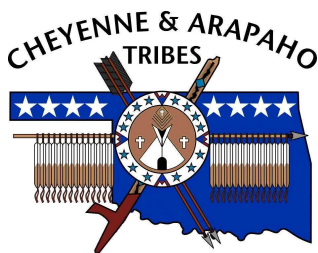


Diabetes Wellness

102 Yellowbear
P.O. Box 167
Concho, OK 73022

(405) 422-7723
(405) 422-8262 FAX
(405) 262-0345 Ext. 27723
1-800-247-4612



Client Application

Name: _____

Date: _____

Physical Address: _____

City

Zip Code

Mailing Address: _____

Phone Number: _____

Sex: Male () Female ()

Date of Birth: _____

Diabetic: Yes No

Date of Diagnosis: _____

First time client of the Cheyenne and Arapaho Diabetes Wellness Program: Yes No

What is your family history of Diabetes?

Maternal _____

Paternal _____

Both _____

Where do you receive treatment for your Diabetes? _____

Required Documentation Obtained:

- Diagnoses of Diabetes _____
- CDIB _____
- Residency _____

Tribe: _____

What Services are you requesting?

- Nike Walking Shoes _____
- Glasses _____
- Dietitian _____
- Buffalo _____

Prescription Date: _____

Prescription Date: _____

Assistive Walking Device (Prescription Required):

- Wheelchair _____
- Bedside Commode _____
- Crutches _____
- Rollator _____
- Shower Chair _____

Name (Print)

Date

Signature