

## **Community Health Representative** CHR Fax: 580/654-2971

## **Special Diabetes Fund**

## KIOWA **DIABETIC** ASSISTANCE ONLY

DATE
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## SPECIAL DIABETES PROGRAM - DIABETIC SHOE APPLICATION

NAME:			
First	Middle	Last	
ADDRESS:			
Box/Street	City	Zip Code	
TELEPHONE:		Date of Birth:	
KIOWA CDIB #:		_	
Any Diabe	tes information recei	ved might be verified by CHRs	
Are you a Diabetic?		□ No	
What medications are you takir	ng for your diabetes?		
		e your Diabetes Care? Check One	
Lawton PHS ☐ Anadarko Ind	dian Clinic 🗀 Car	rnegie Indian Clinic □ OTHER □	
Date of last Diabetic Appointm	ent:		
Date of Diabetic Foot Exam:			
Applicant Signature:			
CHR Signature:			
Service Master Medical			
2101 W. Iowa Ave.			

Chickasha, OK 73018 Across from Grady Memorial Hospital

(Revised 2017)