

Letter of Recommendation – Medical Form

Part 1 – Physician/Diabetes Educator’s Information

Name:

What is your role in the diabetes team?

Name of Diabetes Education Centre:

Street Address:

City:

Province:

Postal Code:

Telephone Number:

Email Address:

Part 2 – Applicant’s Name/Medical Background

Number of years the patient has been managed by the clinic:

Is the patient 1st generation diabetic? Yes No

How would you rate this patient’s self-care and management relative to your other patients of similar circumstances?

- Excellent (top 5%)
- Very Good (top 10%)
- Good (top 20%)
- Average
- Below Average

Evidence of Regular Diabetes Health Care Follow-ups

Provide readings for the last 24 months unless applicant has been diagnosed within the previous 24 months. If this is the case, enter the diagnosis date:

Please provide applicant’s HbA1c Readings from the last 24 months (please include all available readings from 2020 and 2021, if there are no readings available, please explain in the next section):

	Date	Reading
Present Year – Reading 1		
Present Year – Reading 2		
Present Year – Reading 3		
Previous Year – Reading 1		
Previous Year – Reading 2		
Previous Year – Reading 3		

If you cannot provide HbA1c Readings from the last two years due to COVID-19 related disruptions to the patient’s diabetes care, please explain below

If you have additional background information about this applicant that the committee should consider in the scholarship review process, please let us know (e.g. recent death in the family, concurrent medical conditions, or financial struggles in the family etc.)

Date: YYYY/MM/DD