



Spokane Tribe of Indians

Health and Human Services

Spokane Tribal Health Program ● Diabetes & Health Education

6228 E. Old School RD.

Wellpinit, WA 99040

Phone: (509)

FAX NUMBER: 509-258-7029



New Client Application

The following questions will help us get to know you and find out what education will be right for you and how to best serve you through the Special Diabetes Program through the Spokane Tribe Health and Human Services program. Your answers will remain confidential.

Name: _____ Birth Date: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Primary Language: _____

Race (select all that apply)

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Hispanic or Latino
- Asian/Chinese/Japanese/Korean
- White
- Middle Eastern
- Other: _____

I identify as: Male Female Transgender Other: _____

Education (highest level achieved):

- 8th Grade or less
- Some College
- Some High School
- College Degree (BA/BS)
- High School Graduate /GED
- Graduate Degree

Height: _____ Weight: _____

What type of diabetes do you have?

Type 1 Gestational Type 2 Pre-diabetes Other _____ Do not know

What year were you diagnosed with diabetes? _____

Most recent A1C: _____ Date: _____ Date of next A1C test: _____

Do you have any other health problems? Yes No Don't know

If so, please list other medical conditions _____

Who helps you with your medical conditions? _____

Thank you for your information. Spokane Tribal Health will review your application and schedule you for release of information to obtain necessary documents.

Revised March 2022

Do you have health insurance? Yes No Don't know

If yes, what health insurance do you have? _____

Do you have emotional resources to care for your medical conditions? Yes No Don't know

Do you use tobacco or use other tobacco products such as e-cigarettes/vaping? Yes No Quit

If Yes, how do you feel about cutting back or quitting? _____

Do you drink alcohol? No Yes: 1-2/week __ 1/day__ More than 1/day__

Have you ever been diagnosed with depression? Yes No Date? _____

Have you ever been diagnosed with postpartum depression or anxiety?

Yes No Date? _____

Any other information we should know?

Thank you for your information. Spokane Tribal Health will review your application and schedule you for release of information to obtain necessary documents.

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