



Patient/Participant Contract

IRB Stamp

***UIC Midwest Latino Health Research, Training, and Policy Center
Collaborating Institution/Clinic***

We, your diabetes health team, commit to:

1. Diagnose your condition, based on information you provide, and/or refer you for further diagnostic care elsewhere.
2. Prescribe a treatment plan.
3. Explain the rationale to you and your family.
4. Instruct you in your responsibilities to yourself and to your own well being in carrying out the treatment plan.
5. Teach you what to do and why to do it to maintain close blood sugar control and reduce diabetes risk factors that could, in time, seriously endanger your health.
6. Notify you of your specific and identified health care needs.
7. Provide you with follow-up care and support.

You, the patient/participant, commit to:

1. Understand that if you choose not to obtain recommended services that you may suffer complications from your diabetes.
2. Understand that if you do not show up for a total of 3 educational sessions in one series, your provider will contact you.
3. Know that frequent cancellations could result in termination of your participation in the program and the evaluation study.
4. Understand that you have a manageable disease.
5. Understand diabetes is for the rest of your life.
6. Understand that if you follow the guidelines, you may lower your risk of being ill, will feel well, and can live a long and fruitful life.
7. Understand that your own resolve to do the right thing will waiver, and you will have motivational ups and downs.

Signature

_____/_____/_____
Date

Witness

Name: _____

D.O.B. : _____

Chart #: _____ IDNUM: |__|__|__|

Form DEEP #__ NOTE: This form is not for consent to participation or treatment.