

# Diabetes Recipe Cook Off Entry Form

Name: \_\_\_\_\_

Year of Birth: \_\_\_\_\_

Primary Phone Number: (\_\_\_\_) \_\_\_\_\_

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_



Has a doctor ever told you that you have Diabetes?     Yes             No

If you were a participant in the South Side Diabetes Empowerment Program co-taught by Dr. Monica Peek, at what clinic did you have your class?

- No, I did not participate
- Primary Care Group/ Kovler Diabetes Center
- Access Booker Health Center
- Access Grand B Family Health Center
- Chicago Family Health Center
- Friend Family Health Center

**Recipe Categories (select one):**

- Entrée
- Side Dish
- Dessert
- Snack

**Recipe Name (We encourage originality!):** \_\_\_\_\_

**Ingredients (Please list no more than 8):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**In the space below, please provide directions.**

\_\_\_\_\_

Send by United States mail to:

Attn. Yolanda O'Neal, University of Chicago Medical Center, Section of General Internal Medicine, The Diabetes Cook Off  
5841 S. Maryland Avenue, MC 2007, Rm. B239, Chicago, IL 60637

