

# 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 – Remember to include measurements (Example: ½ cup of 1% milk or 2 carrots)

Please list no more than 8 ingredients: (Do not include spices, oils, and garnish in this section)

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

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

Version 2 (August 3, 2015)

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Please list spices, oils, and items for garnish and the amounts or measurements you need (will not be counted with your 8 ingredients):

Please Note: garnishes can be used for plate presentation only and cannot be used to enhance the flavor of your dish.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

In the space below, please provide directions

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What inspired you to cook healthy?

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