

CHI St. Anthony Hospital Diabetes Services

2801 St. Anthony Way

Pendleton, OR 97801

541.278.3249

fax 541.966.0504



Name:	Date of Birth:
Preferred Name:	Occupation:
How did you hear about us?	
<input type="checkbox"/> Doctor Referral <input type="checkbox"/> Friend or Family Member <input type="checkbox"/> Newspaper <input type="checkbox"/> Other: _____	
Highest Education Level:	
<input type="checkbox"/> Elementary School	<input type="checkbox"/> Some High School
<input type="checkbox"/> Some College	<input type="checkbox"/> High School Degree
<input type="checkbox"/> College Degree	<input type="checkbox"/> Post Graduate
How long have you been diagnosed with diabetes?	
<input type="checkbox"/> Less than 1 year	<input type="checkbox"/> 1-5 years
<input type="checkbox"/> 6-10 years	<input type="checkbox"/> More than 20 years
<input type="checkbox"/> 11-15 years	<input type="checkbox"/> 16-20 years
Have you previous seen a dietitian or diabetes educator? <input type="checkbox"/> No <input type="checkbox"/> Yes When: _____	
Do you have any physical limitations?	
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision
<input type="checkbox"/> Physical	<input type="checkbox"/> Other: _____
Do you have or have you been diagnosed with any of the following?	
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Stroke	<input type="checkbox"/> High Cholesterol
<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Numbness/pain of hands/feet
<input type="checkbox"/> Other foot problems	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Eye disease/damage	<input type="checkbox"/> Depression
Do you smoke cigarettes, cigars, or use tobacco?	
<input type="checkbox"/> Everyday	<input type="checkbox"/> Some days
<input type="checkbox"/> Quit	<input type="checkbox"/> Never smoked
How often do you drink alcohol?	
<input type="checkbox"/> Two or more drinks everyday	<input type="checkbox"/> Once a day
<input type="checkbox"/> Once a week	<input type="checkbox"/> Never
<input type="checkbox"/> Several drinks per week	<input type="checkbox"/> Less than once a week
How <u>often</u> do you:	When was the last time you (month/year):
Have an A1C test? _____	Had an eye exam? _____
Check your blood sugar? _____	Went to the dentist? _____
See your medical provider? _____	Had a foot exam? _____
Check your feet? _____	Had a pneumonia vaccine? _____
Exercise? _____	Had the flu vaccine? _____
Wear medical ID? _____	Had the Hepatitis B vaccine? _____
Do you have any spiritual or cultural beliefs that we should know about to help us plan for your care?	
<input type="checkbox"/> No <input type="checkbox"/> Yes - _____	
Were you in the hospital in the last 6 months for diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had emergency care in the past 6 months because of diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes
How many days of work in the last 6 months have you lost because of diabetes?	_____

What is causing you the most concern about caring for your diabetes at this time?

What would you like us to do during your visit to help address your concern?

- Work with me to come up with a plan to address this issue.
- I don't expect a solution. I just want you to understand what it is like for me.
- Refer me to another health professional or other community services.

I would like answers to the following questions at this visit:

I would like answers to these questions a future visit:

I would like to learn more about:

- Diabetes – what it is, types of diabetes, risk factors, symptoms, treatment

Healthy Eating

- Daily meal planning – carbohydrates, fat, protein, sodium, fiber, vitamins and minerals
- Eating out, shopping, reading food labels, social occasions, alcohol
- Weight loss for diabetes

Being Active

- Physical activity – benefits, precautions, guidelines

Monitoring

- Blood glucose testing – when and how, getting and disposing of supplies
- A1C test – what it is, goal
- Using blood glucose results to improve control

Taking medication

- Oral diabetes medicine – when to take, action, purpose, side-effects
- Insulin – how to take, when to take, action, purpose, side-effects
- Supplements, herbs, and over-the-counter medications

Problem Solving

- Preventing/treating high blood sugars (hyperglycemia)
- Preventing/treating low blood sugars (hypoglycemia)
- Managing diabetes when I am sick

Healthy Coping

- Adjusting to life with diabetes
- Getting support

Reducing Risks

- Daily care – foot care, skin care
- Preventative care – eye care, dental care, doctor visits
- Quitting smoking