

Your/Your Child's Diabetes Visit - What to Expect, What to Ask

Your Name: _____

Are there specific concerns you want to discuss today?

Your Relationship to the Child: _ □ No □ Yes _____

Have there been any major changes in your family lately?

□ None □ Move □ Job Change □ Separation □ Divorce □ Death in the family □ New pet □ Other?

Describe: _

| General Health Information: Since Your Last Visit | Ye | s No | Unsure |
|---|------------|---------------|--------------|
| Have you or your child had any major illness and/or hospitalizations? | | | |
| Have you, anyone in your family, or your child's relatives developed new medical problems si | nce | | |
| the last visit? | | | |
| Are there any changes to you (or your child's) medications? | | | |
| Do you (or your child) smoke? | | | |
| Do any adults who are around you (or your child) smoke? (Includes inside or outside the hour | se)? | | |
| Have you (or your child) been seen in the emergency room in the last 6 months for diabetes? | □ Yes more | than 6 time | es |
| Have you (or your child) been hospitalized for diabetes in the last 12 months? | □ Yes mo | re than 6 tir | mes |
| Do you (or your child) have any of the following diabetes symptoms currently? □ Unusual thirst □ Increased urination □ Dizziness □ Blurred vision □ Slow healing □ Extreme hunger □ Feeling very tired □ Unusual weight log | SS | Frequent | t infections |
| Do you (or your child) currently follow a diabetic diet? | | | |
| Have you (or your child) had a foot exam in the last year? | | | |
| □ No □ Yes, several years ago □ Yes, yearly □ Yes, within the las | st 6 | □ Yes, selo | dom |
| Have you (or your child) had an eye exam in the last year? | | | |
| □ No □ Yes, several years ago □ Yes, yearly □ Yes, within the las months | st 6 | □ Yes | |
| Do you (or your child) check your blood sugars? | | | |
| □ No □ Yes □ No, do not have a □ No, do not have s monitor | supplies | □ Last 3 re | adings: |
| Last 3 readings: | | | |

Ask your (or your child's) doctor about any specific concerns about diabetes.

Would you like to get more information on any of the topics below?

| Medications/Treatments | Symptoms/Complications | Health Promotion | Nutrition |
|---|---|---|--|
| Insulin Diabetic medicine Checking/Monitoring blood sugar Diabetes testing Steroids Diabetes specialist Herbal remedies | Signs of Hypoglycemia (Low Blood Sugar) Signs of Hyperglycemia (High Blood Sugar) Normal Blood Sugar Range Complications of Diabetes Non-healing wounds | Smoking Cessation Diabetes Prevention Exercise routine When to call doctor Dental appointment Foot exams/care Eye exams | Diabetic diet Calorie intake Healthy snacks Artificial sweeteners Alcohol intake |

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this with your doctor at your next visit.