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



Your Name:	Your Rela	ationship to the Child:	
Are there specific concerns y	rou want to discuss today? 🛛 No	o □ Yes	
Have there been any major c	hanges in your family lately?		
□ None □ Move □ Job Ch	nange 🗆 Separation 🗆 Divorce	$\Box$ Death in the family $\Box$	New pet
□ Other? Describe:			
General Health Informatio	n. Since Your Last Visit:		Yes No Unsure
Have you or your child had any r	najor illness and/or hospitalizations?		
Have you, anyone in your family, or	your child's relatives developed new med	lical problems since the last visit?	
Are there any changes to your (o	or your child's) medications?		
Do you (or your child) smoke?			
Do you or any adults who are are	ound you (or your child) smoke (includ	es inside or outside the house)	?
5 ( 5 )	en in the emergency room in the last 'es 3-4 times 🛛 Yes 5-6 times 🛛	6 months for diabetes? ⊐ Yes more than 6 times	
Have you (or your child) been l	nospitalized for diabetes in the last <sup>-</sup>	12 months?	
$\Box$ No $\Box$ Yes 1-2 times $\Box$ Y	'es 3-4 times □ Yes 5-6 times □	□ Yes more than 6 times	
□ Unusual thirst □ Increased		ns currently? ed vision □ Frequent infect	ions 🛛 Slow healing
□ Extreme hunger □ Feeling	very tired 🛛 Unusual weight loss		
Do you (or your child) currently □ No □ Yes, always □ Yes			
Have you (or your child) had a □ No □ Yes, several years a	foot exam in the last year? go □ Yes, yearly □ Yes, within t	the last 6 months 🛛 Yes, s	eldom
Have you (or your child) had an □ No □ Yes, several years a	n eye exam in the last year? go □ Yes, yearly □ Yes, within t	the last 6 months 🛛 Yes	
Do you (or your child) check yo	8		
□ No □ Yes □ No, do not □ Last 3 readings:	have a monitor 🛛 🗆 No, do not hav	<i>r</i> e supplies	
Ask your (or your child's) docto	or about any specific concerns abou	It coronary artery disease.	
Would you like to get	more information on any	of the topics below?	
Medications/Treatments	Symptoms/Complications	Health Promotion	Nutrition
• Insulin	• Signs of Hypoglycemia	• Smoking Cessation	• Diabetic diet
• Diabetic medicine	(Low Blood Sugar)	• Diabetes Prevention	• Calorie intake
Checking/Monitoring	<ul> <li>Signs of Hyperglycemia (High Blood Sugar)</li> </ul>	• Exercise routine	<ul> <li>Healthy snacks</li> </ul>
blood sugar	<ul> <li>Normal Blood Sugar Range</li> </ul>	When to call doctor Artificial	
Diabetes testing     Staroida	Complications of Diabetes	<ul> <li>Dental appointment</li> </ul>	
<ul> <li>Steroids</li> <li>Diabetes specialis</li> </ul>	<ul> <li>Non-healing wounds</li> </ul>	Foot exams/care     Alcohol intake	

Diabetes specialis •

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.

Eye exams

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