

ENDOCRINOLOGY & DIABETES UNIT

Diabetes Clinic

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<http://endodiab.bcchildrens.ca>



BCCH DIABETES CLINIC INTAKE FORM – FOR CHILDREN & TEENS

Patient Name:		Date:															
What is your major concern today? 																	
What would you like to talk to the nurse/doctor about? <ul style="list-style-type: none"><input type="checkbox"/> Adjusting insulin for high/low blood sugars, activity<input type="checkbox"/> Managing illness — preventing low/high blood sugars, ketones, mini dose glucagon<input type="checkbox"/> Changing your insulin regimen (to basal/bolus or a pump)<input type="checkbox"/> Technical support (giving injections, testing blood sugars, pumps, sensors)<input type="checkbox"/> Managing stress related to your diabetes<input type="checkbox"/> Driving, alcohol, and other topics for teens<input type="checkbox"/> Recent changes in your living situation<input type="checkbox"/> Other (please specify): _____		Please rate your general well-being: <ul style="list-style-type: none"><input type="checkbox"/> Very well<input type="checkbox"/> Alright<input type="checkbox"/> Poor<input type="checkbox"/> Very poor<input type="checkbox"/> Terrible How often do you miss school because of diabetes? <ul style="list-style-type: none"><input type="checkbox"/> Never<input type="checkbox"/> Occasionally<input type="checkbox"/> Frequently<input type="checkbox"/> All the time															
What would you like to talk to the dietitian about? <ul style="list-style-type: none"><input type="checkbox"/> Carbohydrate counting<input type="checkbox"/> Meal plan changes<input type="checkbox"/> Food and physical activity<input type="checkbox"/> Healthy eating<input type="checkbox"/> Other (please specify): _____		<i>Use the scales provided to answer the following:</i> How well managed do you think your diabetes has been lately? <table style="width: 100%; border: none;"><tr><td style="text-align: left;">Very well controlled</td><td></td><td></td><td></td><td></td><td></td><td style="text-align: right;">Very poorly controlled</td></tr><tr><td><input type="checkbox"/> 6</td><td><input type="checkbox"/> 5</td><td><input type="checkbox"/> 4</td><td><input type="checkbox"/> 3</td><td><input type="checkbox"/> 2</td><td><input type="checkbox"/> 1</td><td><input type="checkbox"/> 0</td></tr></table>		Very well controlled						Very poorly controlled	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Very well controlled						Very poorly controlled											
<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0											

PLEASE TURN OVER

<p>Would you like to see the social worker about finances, diabetes distress or for counselling/resource support?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what about?</p> <p><input type="checkbox"/> Counselling support <input type="checkbox"/> Assistance with resources <input type="checkbox"/> Other (please specify): _____</p>	<p>How comfortable are you with...</p> <p>Insulin dose adjustments:</p> <p>Very Not at all</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0</p> <p>Managing diabetes during illness:</p> <p>Very Not at all</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0</p>
<p>Please use this space to add comments about your answers.</p>	<p><i>The next few questions are optional and are meant to help us better understand how we can provide the best possible care to our diabetes patients.</i></p> <p>How satisfied are you with...</p> <p>Your current diabetes treatment plan?</p> <p>Very satisfied Very dissatisfied</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0</p> <p>The support you are receiving at school for diabetes? <i>(please specify your concerns in the space on the left)</i></p> <p>Very satisfied Very dissatisfied</p> <p><input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0</p> <p>What can we do to make your visit with us more useful to you?</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Thank you for completing this form. Please give this completed form to the secretary when you check in for your appointment.</p> <p>Also, don't forget to bring your logbook and meter to clinic and/or upload your pump before your clinic visit. We need this information to provide you with the best care.</p>	