

ENDOCRINOLOGY & DIABETES UNIT

Diabetes Clinic

Phone: 604-875-2868

Toll-free: 1-888-300-3088, x2868

Fax: 604-875-3231

<http://endodiab.bcchildrens.ca>



Name: Name

DOB: DOB

BCCH#: BCCH

PHN: PHN

DIABETES NUTRITION TEACHING CHECKLIST

TOPICS TAUGHT	MOM	DAD	PT	OTHER	NOTES
Digestion/BG response of food groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carbohydrate foods in <i>BTB</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Protein, fat and veggies in <i>BTB</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approach suggested for meals & snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Timing of meals and snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balance of food groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carb quality and quantity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impact of insulin and food sliding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Delay/split of meals and snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Label reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sugars and sweeteners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating out and resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recipes and calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ongoing meal plan adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other topics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
History:					
Social:					
Height: cm, %	Weight: kg, %		BMI kg/m ² , %		
Caloric needs:					
Insulin:					
Food environment in the home:					
Diet history:					
Additional considerations:					
Summary:					
Follow-up plan:					
Date: Date			Dietitian: Dietitian		

Dietitian note #2:	
Date:	Dietitian:

Dietitian note #3:

Diabetes Nutrition Teaching Checklist (continued)

Date:	Dietitian:
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