



ENDOCRINOLOGY & DIABETES UNIT

Diabetes Clinic

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BCCH DIABETES CLINIC INTAKE FORM — FOR PARENTS

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 child's 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 does your child 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 child's diabetes has been lately? <table style="width: 100%; border: none;"> <tr> <td style="text-align: left;">Very well controlled</td> <td style="text-align: right;">Very poorly controlled</td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> 6 <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 </td> <td style="text-align: center;"> <input type="checkbox"/> 1 <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 child's 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 your child is receiving at school for the 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>	