Stafford Hospital

MWHC

Thank you for choosing Stafford Hospital Diabetes Self-Management Education and Support Services located at the Stafford Medical Pavilion, 125 Hospital Center Blvd. Ste. 217, Stafford, VA 22554

Please arrive 10 minutes prior to your scheduled time.

*We request a minimum of 24-hour notice if you must cancel or reschedule your appointment.

Please fill out the Health History form in this packet and bring it to your first appointment.

As a courtesy, Stafford Hospital will bill your insurance company for your diabetes education.

We request that you:

- Bring your completed Health History form.
- Be prepared to show your insurance card.
- Bring your blood sugar meter and logbook if you currently are checking your blood sugars. You do not need to buy a meter if you do not already have one. We will assist you with that process.
- Please feel free to bring a guest (spouse, friend, family member).
- Remember there is no need to fast for this appointment.

Our health care team of diabetes experts is committed to helping you and your family develop the skills, knowledge and confidence to control diabetes. Stafford Hospital Diabetes Self-Management Education and Support Services has earned the American Diabetes Association Recognition for quality patient education. Directions to our office are included in this packet.

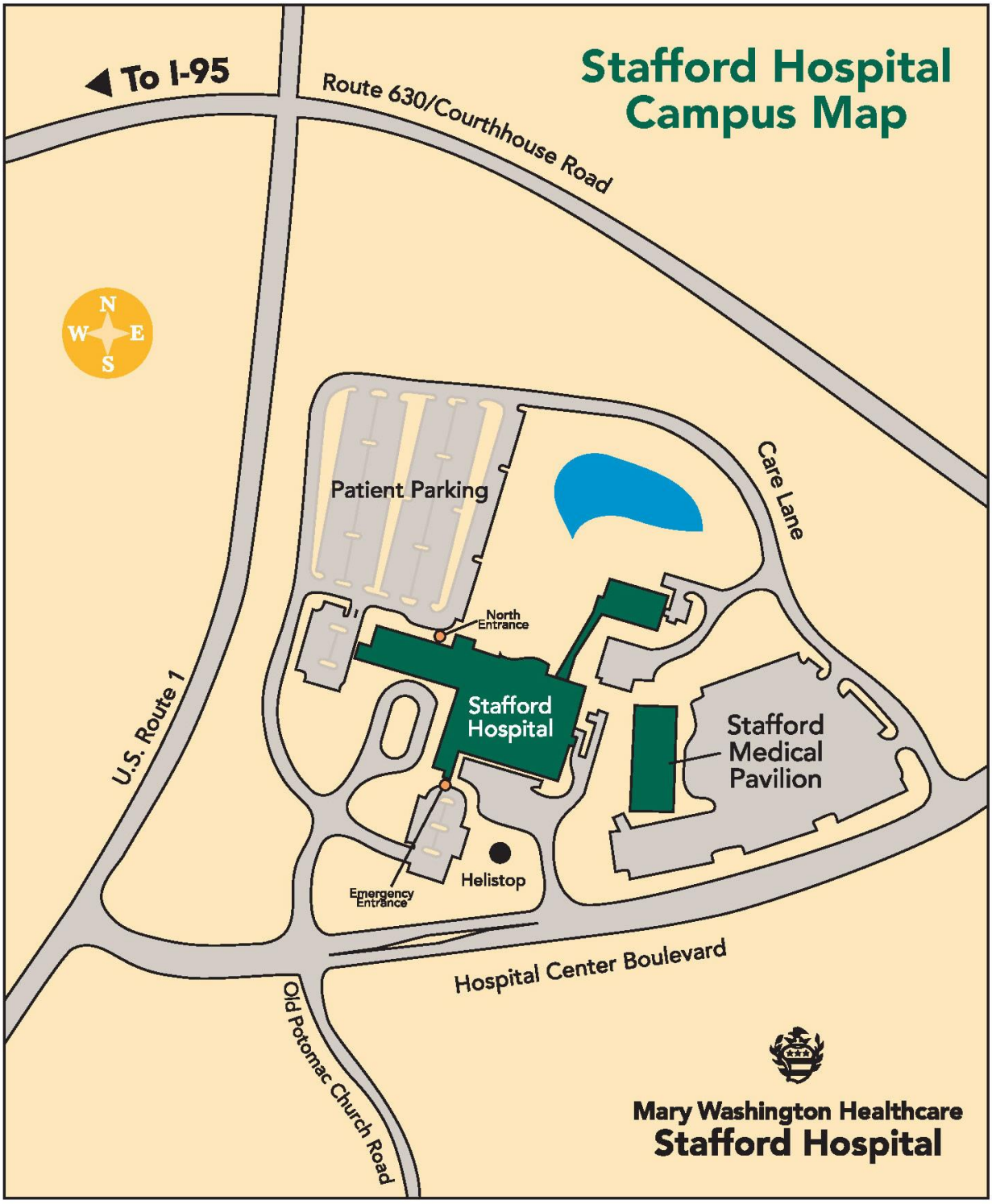
If you have any questions, please feel free to contact us at 540.741.2210.

Cathy Peterjohn, MS, RD, CDE
Program Manager

Our Educators:

Joanne Fortune, MS, RD, CDE
Stefanie Rekdal, RD, CDE, CPT
Laura Eubanks, RD, CDE, CPT
Parminder Singh, BSN, RN, CDE
Violet Jones, MS, RD, CDE
Jody Long, MS, RD
Maria Taeza-Pedroza, BSN, RN

Rev. 07/2019



To Stafford Hospital campus

From the south—I-95 North to exit 140. Turn right onto Courthouse Road/Route 630 (approx. 1 mile).
From the north—I-95 South to exit 140. Turn left onto Courthouse Road/Route 630 (approx. 1 mile).

From Courthouse Rd., turn right on Route 1 (approx. ½ mile). Turn left onto Hospital Center Boulevard. The third left will take you to the parking lot for the Medical Pavilion. Once inside the Pavilion, look for Suite 217, located on second floor. It will say Diabetes Management Program on the door. Nutrition Counseling is in the same suite.

INSTRUCTIONS

Please provide the information requested to help us serve you better. You may leave blank any areas of which you are uncertain, and the Diabetes Educator will review the information with you during your session.

TO BE COMPLETED BY PATIENT.

DEMOGRAPHIC INFORMATION

NAME	EMAIL ADDRESS	CURRENT DATE

PREFERRED PHONE #	DATE OF BIRTH	NAME OF REFERRING PHYSICIAN

GENERAL MEDICAL INFORMATION

IF YOU HAVE ANY FOOD ALLERGIES, PLEASE LIST THEM:

PLEASE LIST ANY CHRONIC ILLNESS AND DATE OF DIAGNOSIS	PLEASE LIST DATE/TYPE OF PAST SURGERIES.
PRESCRIBED DIABETES MEDICATIONS BY MD	OVER THE COUNTER SUPPLEMENTS (i.e. vitamins, herbals, etc.)
HIGH BLOOD PRESSURE ☐ YES ☐ NO	

NUTRITION HISTORY: PLEASE WRITE WHAT YOU EAT AND DRINK ON A TYPICAL DAY.

BREAKFAST (TIME)	LUNCH (TIME)	DINNER (TIME)
SNACK (A.M.)	SNACK (P.M.)	SNACK (BEDTIME)

RN4705

Mary Washington Healthcare

Outpatient Diabetes Management Record
(Pregnant Patient)

FR-1184A-MWHC– Rev. 8/2018

PATIENT IDENTIFICATION
1 1/4" X 3"

Diabetes History	**To Be Completed By Patient (pg. 2)**		
❑ Type 1 Gestational ❑ Type 2 Other	Length of time since diagnosis	If recently, signs and symptoms	
Treatment ❑ Diet/Exercise ❑ Oral (pills) ❑ Insulin	Name of insulin or oral drug	Dose	Side Effects

Monitor Blood Sugar? Yes No	Which meter?	How often/time of day?	Usual readings	Do you record results? Yes No

Do you have family history of diabetes? Mother Father Sibling Other	Time lost from work or school in the past year due to diabetes? Yes No How many days?

Pain Assessment			
Do you have any chronic pain? Yes No	If yes, where located?	Duration of pain?	Any treatment?
How would you rate the pain? 1 2 3 4 5 6 7 8 9 10 (10 is the worst and 1 is the least) Describe:			

Physical Activity Habits		
Any restrictions for activity by MD: Yes No	Regular exercise program: Yes No	Type and Duration:

Education History		
Level of Education Grade School High School College	Problems with learning? Yes No	If yes, describe
Have you had any diabetes education before? Yes No	If yes, when and where?	Did friend/family participate? Yes No

Social History	
Do you smoke? Yes No	Do you drink alcohol? Yes No
Do you have an eating disorder? Yes No	If yes, is your physician aware? Yes No
Do you use community resources? (*example* -Health Department, Rappahannock Community Services Board)? Yes No If yes, which ones?	
How many people live in your home?	What are their relationships to you?

Hygiene Patterns	
Do you see a dentist once per year? Yes No	Do you see an eye doctor once a year? Yes No
Do you practice some form of contraception when not pregnant? Yes No	

Health Belief/Goals/Attitudes
Feelings about your health and diabetes?
Areas of interest/concern for education session?

TO BE COMPLETED BY DIABETES EDUCATOR				
HEIGHT	WEIGHT	PRE-PREGNANCY WT	EDC	❑ SINGLE BIRTH ❑ MULTIPLE BIRTH
PAST HISTORY OF GESTATIONAL DIABETES: ❑ YES ❑ NO GRAVIDA/PARA _____/_____	DELIVERY GOALS: ❑ NATURAL BIRTH ❑ MEDICATION POST PARTUM GOALS: ❑ BREASTFEED ❑ BOTTLEFEED ❑ COMBINATION	CHILD #1 BIRTH WT _____ ❑ C-SECTION ❑ VAGINAL COMMENTS:	CHILD #2 BIRTH WT _____ ❑ C-SECTION ❑ VAGINAL	CHILD #3 BIRTH WT _____ ❑ C-SECTION ❑ VAGINAL

_____
Signature of Diabetes Educator

_____
Date/Time

RN4705

Mary Washington Healthcare

PATIENT IDENTIFICATION
1 1/4" X 3"

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