Mary Washington Hospital

MWHC

Thank you for choosing Mary Washington Hospital Diabetes Self-Management Education and Support Services located in Cosner's Corner Office Park, 4710 Spotsylvania Parkway, Suite 200, Fredericksburg, VA 22407.

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 enclosed and bring it to your first appointment.
As a courtesy, Mary Washington 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 before 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. Mary Washington Hospital Diabetes Self-Management Education and Support Services has earned the American Diabetes Association Recognition for quality patient education. Directions to our office are located on the reverse side of this letter.

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

Daniell McKiver
Operations Manager

Our educators:

Stefanie Rekdal, RD, DCES, CPT
Laura Eubanks, RD, DCES, CPT
Jody Long, MS, RD, DCES
Parminder Singh, BSN, RN, DCES
Courtney Wilkerson, BSN, RN

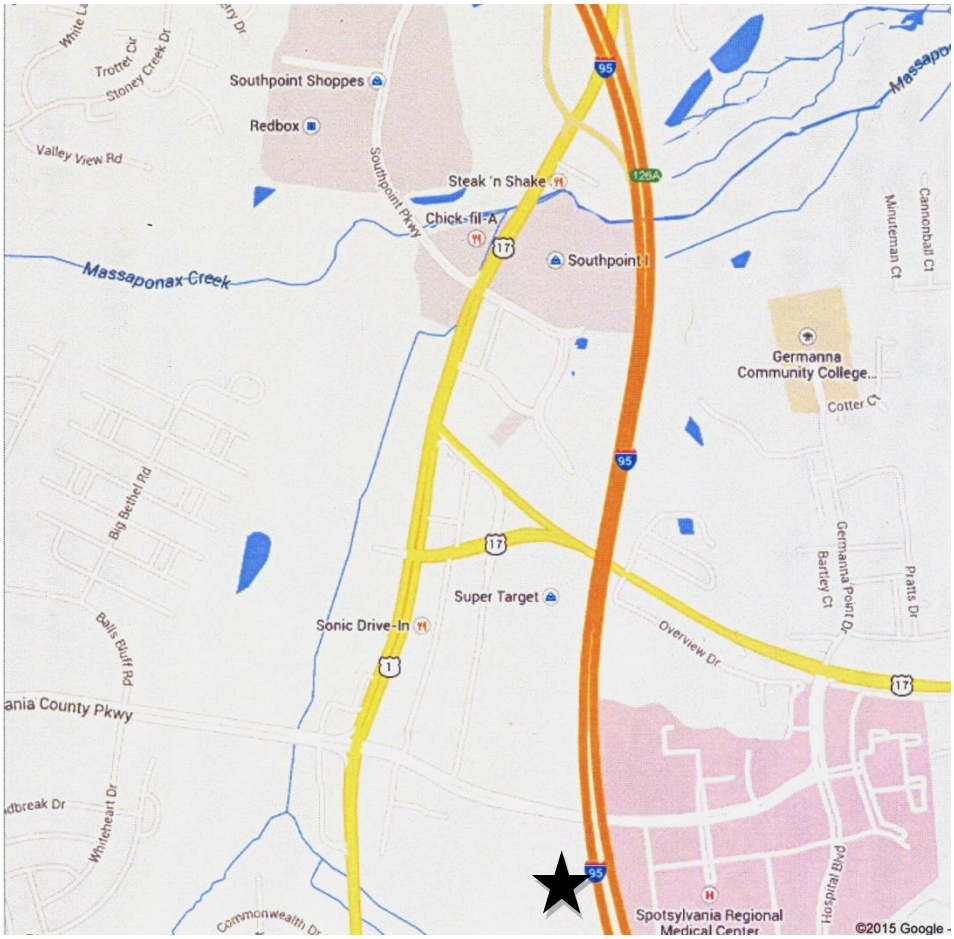
Rev.102/2020

Directions to:
Diabetes Management

4710 Spotsylvania Parkway, Suite 200
Fredericksburg, VA, 22407
540.741.2210

From Interstate 95 South, take exit 126-Spotsylvania, Turn right onto Route 1 South. Go approximately 1 mile. Turn left unto Spotsylvania Parkway (there will be a CVS on your right-hand side). Go approximately 0.4 mile. Our location will be on your right-hand side immediately after you pass Jo-Ann Fabrics and Craft store. Look for Cosner's Corner Office Park. Come around to the front of the building. We are located on 2nd floor, turning right and right again after elevator
From Interstate 95 North, take exit 126 B onto Rt 1 South. Follow directions listed above.

From Rt VA 2/US 17 (New Post) Take US 17 N towards Rt 1, drive 5 miles. Turn left onto Hospital Boulevard, drive 0.2 miles. Turn right onto Spotsylvania Parkway. Cross over I-95 and make a U-turn. Our location will be on your right-hand side immediately after you pass Jo-Ann Fabrics and Craft store. Look for Cosner's Corner Office Park. Come around to the front of the building. We are located on 2nd floor, turning right and right again after elevator.



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	DATE OF BIRTH	OCCUPATION	CURRENT DATE

PREFERRED PHONE #	EMAIL ADDRESS	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)

Yes/No Within the past 12 months we/I worried whether our food would run out before we got money to buy more.
Yes/No Within the past 12 months the food we/I bought just didn't last and we/I didn't have money to get more.

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): Please list name(s) and doses _____
Insulin: Please list type(s) and doses _____

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? No Yes, when and where?		Did friend/family participate? Yes No

Social History

Do you smoke, vape or chew tobacco? 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	CHILD #2 BIRTH WT _____ ○ C-SECTION ○ VAGINAL	CHILD #3 BIRTH WT _____ ○ C-SECTION ○ VAGINAL
		COMMENTS:		

_____
Signature of Diabetes Educator

_____
Date/Time

RN4705

Mary Washington Healthcare

PATIENT IDENTIFICATION
1 1/4" X 3"

Outpatient Diabetes Management Record
(Pregnant Patient)
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