Rocky Mountain Diabetes Center

Pediatric Patient Update (Diabetic)

Patient Name:	DOB:

Patients with Diabetes:

How long have you had diabetes/date of diagnosis: _____

Have you had any hospitalizations or emergency room visits for diabetes since your last visit? ☐ Yes ☐ No

If yes, please explain:_____

Have you had a dental exam in the past year? ☐ Yes ☐ No Date:_____

Have you had an eye exam in the past year? ☐ Yes ☐ No Date:_____

Have you received the Pneumococcal vaccine (PPSV23) (Note: this is not a routine vaccine given in childhood, but is recommended for all diabetics)? ☐ Yes ☐ No Date:_____

Insulin Pump Regimen

Brand name of pump: _____Model Number: _____Brand of infusion set:_____

Insulin used in pump (circle one): Novolog | Humalog | Apidra

Please provide your pump to the nurse assistant to download the pump information.

Where do you place your pump site? ☐ Arms ☐ Legs ☐ Hips ☐ Stomach ☐ Other:_____

Insulin Injection Regimen

Insulin used circle one): Novolog | Humalog | Apidra | Lantus Levemir 70/30 dose:_____

Carb Ratio (meal-time insulin dose):_____

Correction for high blood sugar:_____

Where do you give your shots? ☐ Arms ☐ Legs ☐ Hips ☐ Stomach ☐ Other:_____

Do you check your blood sugar at school? ☐ Yes ☐ No

When you are at school, who gives insulin? ☐ I give it myself ☐ Nurse ☐ Teacher/other adult

☐ I'm not taking insulin at school

How well do you think you are counting carbs? Poorly 1 2 3 4 5 Great

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Blood Sugar Meter

Brand name of meter: _____ How many times a day do you check your blood sugar? _____

How many times a week are you having low blood sugars (less than 70)? _____

Have you had a severe low blood sugar that required you to use emergency glucagon since your last visit? ☐ Yes ☐ No

Are you having high blood sugars (over 250) routinely? ☐ Yes ☐ No

If yes, when are these happening? _____

Continuous Glucose Monitor (CGM)

Are you using a CGM? ☐ Yes ☐ No If yes, what is the brand?_____

How often are you using your CGM? _____

Diabetes Self-care

Do you recognize when your blood sugar is low? ☐ Yes ☐ No

How do you feel when you have a low blood sugar? _____

Are you wearing a medic alert bracelet? ☐ Yes ☐ No

If you drive, do you check your blood sugar before driving? ☐ Yes ☐ No

Do you have any questions regarding diabetes or any topics or concerns that you would like to address at this visit?

Do you need any refills on supplies today? ☐ Yes ☐ No If yes, what supplies do you need?

For patients over 13, are there any issues that you would like to discuss with the provider alone? ☐ Yes ☐ No