

What to Expect, What to Ask

Your Name: _____

Are there specific concerns you want to discuss today? No Yes _____

Have there been any major changes in your family lately?

- None Move Job Change Separation Divorce Death in the family New pet Other?

Describe: _____

| General Health Information. Since Your Last Visit: | Yes | No | Unsure |
|---|-----|----|--------|
| Have you had any major illness and/or hospitalizations? | | | |
| Have you or anyone in your family developed any new medical problems? | | | |
| Are there any changes to your medications? | | | |
| Are your immunizations (includes flu and pneumonia vaccines) current? | | | |
| Do you or any adults who are around you smoke (includes inside or outside the house)? | | | |

Have you been seen in the emergency room in the last 6 months for diabetes?

- No Yes, 1-2 times Yes, 3-4 times Yes, 5-6 times Yes, more than 6 times

Have you been hospitalized for diabetes in the last 12 months?

- No Yes, 1-2 times Yes, 3-4 times Yes, 5-6 times Yes, more than 6 times

Do you have any of the following diabetes symptoms currently?

- Unusual thirst Increased urination Dizziness Blurred vision Frequent infections
 Slow healing Extreme hunger Feeling very tired Unusual weight loss

Do you currently follow a diabetic diet?

- No Yes, always Yes, sometimes Yes, seldom

Have you had a foot exam in the last year?

- No No. Several years ago Yes, yearly Yes, within the last 6 months No. Seldom

Have you had an eye exam in the last year?

- No No. Several years ago Yes, yearly Yes, within the last 6 months

Do you check your blood sugars?

- No
- Yes, always
- No, do not have a monitor
- No, do not have supplies

Last 3 readings _____

Have you had your cholesterol checked in the last year?

- No
- Yes

Have you had your Hemoglobin A1c (HbA1c) checked in the last year?

- No
- Yes

Ask your doctor about any specific concerns about diabetes.

Would you like to get more information on any of the topics below?

| Medications/Treatments | Symptoms/Complications | Health Promotion | Nutrition |
|---|---|---|--|
| <ul style="list-style-type: none"> Insulin Diabetic medicine Checking/monitoring blood sugar Diabetes testing Steroids Diabetes specialist Herbal remedies | <ul style="list-style-type: none"> Signs of hypoglycemia (low blood sugar) Signs of Hyperglycemia (high blood sugar) Normal blood sugar range Complications of diabetes Non-healing wounds | <ul style="list-style-type: none"> Smoking cessation Diabetes prevention Exercise routine When to call doctor Dental appointment Foot exams/care Eye exams | <ul style="list-style-type: none"> Diabetic diet Calorie intake Healthy snacks Artificial sweeteners Alcohol intake |

This is not a self-diagnosis tool or a treatment plan. Please consult your doctor and share this with your doctor at your next visit.

Buckeye Health Plan is contracted with Medicare for an HMO SNP plan, and with the Ohio Medicaid program. Enrollment in Buckeye Health Plan depends on contract renewal.

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ATTENTION: If you speak Spanish or Chinese, language assistance services, free of charge, are available to you. Call 1-866-389-7690 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-389-7690 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-389-7690 (TTY：711)。