Welcome to the Diabetes Clinic

Name_________________________

We would like to help meet your needs today. We would also like to keep your wait in clinic to a minimum. We ask that you fill out this form and give to the nurse so that we know what your concerns and needs are today.

Since the last clinic visit-

☐ yes ☐ no Have you/your child had any low blood sugar reactions where someone else needed to intervene? If yes explain:_____________________________________________________________

☐ yes ☐ no Have you/your child needed to go to an emergency room or hospital? If yes explain:___________________________________________________________________________

☐ yes ☐ no Have you/your child missed school or work days related to diabetes?

How can we help you today?

Do you think you need a change in:

☐ Insulin dose ☐ Insulin type ☐ How you take your insulin

☐ Meter ☐ Meal plan

Comments:_______________________________________________________________________

Do you need:

To meet with other team members:

☐ Dietary Staff ☐ Social Work Staff ☐ Nursing Staff

Comments:_______________________________________________________________________

Prescriptions: ☐ 30 day supply(walk in pharmacy) ☐ 90 day supply(mail order pharmacy)

☐ Humalog ☐ Novolog ☐ Strips for meter (type)_______________

☐ Lantus ☐ Lancets (type)_____________

☐ Ultralente ☐ Syringes (type)_____________

☐ Glucagon ☐ Ketone Strips
☐ Insulin pen supplies (type)____________  ☐ Pen needles (type)____________
☐ Other insulin (type)____________  ☐ Glucagon____________

*Prescriptions are generally written with 1 year of refills. If you are unsure whether your prescriptions need renewing, we prefer to give you prescriptions while you are here. Due to the volume of patients we service, there may be a delay in renewing your prescriptions over the phone.

School:

☐ School Health Plan or other form signed
☐ Other____________

Work:

☐ Family Medical Leave Papers signed
☐ Other____________

Travel/Camp:

☐ Travel letter
☐ Travel Prescriptions (check and fill in prescription supplies)
☐ Information on travel
☐ Follow-up appointment to discuss change in regimen for travel (recommended for overseas travel)
☐ Camp form signed
☐ Other____________

Coping:

☐ Do you have trouble with injections or finger pokes? If so what?
  ☐ Leaking  ☐ Lumps  ☐ Fear of shots/pokes  ☐ Missing shots/pokes

☐ Do you have trouble sleeping?

☐ Do you have trouble working together as a family?

☐ Other issues with coping____________

Other:

Please remember to bring this information with you to all visits to allow us to help you better manage your diabetes.
PEDIATRIC DIABETES TEAM

Dr. Ramin Alemzadeh
Dr. Claudia Boucher-Berry
Dr. Diego Ize-Ludlow
Dr. Songya Pang

Calling in to clinic for advice and support

Team members are on call 24 hours per day 7 days a week for urgent/emergent calls. Non-urgent calls are answered Monday through Friday. It might take 3-5 business days to answer non-urgent calls depending on call volume and number of families’ calls.

Contacting Clinic

- **Urgent/Emergent needs:** DO NOT e-mail, FAX or leave a message
  Daytime Urgent/Emergent calls- 9:00-4:30 Monday through Friday:  
  Call (312) 996-1795

  Nighttime Urgent/Emergent calls (off-hours, weekends, and holidays)
  Call (312) 649-2639 and ask the operator to page the Pediatric Endocrinologist on call

- **Non Urgent needs:**
  312-996-1795 Leave a voice mail message for the diabetes team and someone will call back within 3-5 business days.

To schedule all appointments call Central Scheduling at (312)996-7416