



Name \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Chart # \_\_\_\_\_

Family History: (list family members)

Diabetes \_\_\_\_\_ Cancer \_\_\_\_\_

Heart Disease \_\_\_\_\_

Personal History:

Illness	yes	no	Year diagnosed	Controlled? yes or no	Additional info
Diabetes					
High Blood pressure					
High cholesterol					
Poor kidney function					
Arthritis					
Cancer					

Have you ever attended a formal education program about diabetes? 

Yes	NO
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Do you currently smoke/chew/dip ? 

Yes	NO
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 How much per day? \_\_\_\_\_

Did you smoke/chew/dip in the past? Year quite \_\_\_\_\_

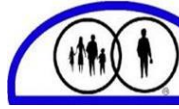
Date of last Eye Exam \_\_\_\_\_ 

Yes	NO
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Exam \_\_\_\_\_

**Try to write the times the following activities are done:**

	Never	Rarely	Sometimes	Frequently
How often do you exercise				
How often do you follow a diabetes meal plan?				
How often do you check your feet				
How often do you visit your provider for diabetes checkups				
How often to you check your sugar?				



Please list all your medications and dosages: (if active pt of FHCC can skip this)

Medication Name	Dose	Condition

Do you have difficulty taking your medications like you should?

Yes	NO
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If yes, please indicate the reason(s) Check all that apply:

The medications make me feel bad with side effects \_\_\_\_\_

The medications cost too much \_\_\_\_\_

I have trouble remembering to take them \_\_\_\_\_

I have trouble getting my refills \_\_\_\_\_

I am worried the medications will cause more problems \_\_\_\_\_



### Hospitalizations & ER visits

Have you been hospitalized related to your diabetes in the past **3 years** ?

Yes	NO
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Have you visited an Emergency room related to your diabetes in the past 3 years ? **Yes NO**

Explain \_\_\_\_\_

### Section 4 - SOCIAL FACTORS

Family Environment and Support:

1. Do you live alone? Yes NO If no how many people live with you \_\_\_\_\_

2. Are there relatives or others caring or helping you on a regular basis?

Yes	NO
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3. Do you prepare your own meals 

Yes	NO
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 If no, who prepares them for you? \_\_\_\_\_

4. Do you have support from family or others to deal with your diabetes?

Yes	NO
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5. Other psychosocial factors impacting diabetes management (financial, transportation)

\_\_\_\_\_

Cultural Factors:

1. Is there anything specific to your culture that you think influences your ability to manage your diabetes?

\_\_\_\_\_

2. Do your cultural beliefs influence your ability to manage your diabetes?

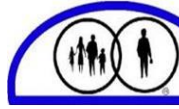
\_\_\_\_\_

3. Are there certain types of foods important to your culture?

\_\_\_\_\_

4. Are there any religious or cultural factors that affect how you eat?

\_\_\_\_\_



5. What are your concerns today?

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### Section 5 -- Individual Educational Plan:

The FHCC diabetes program meets for 6 hours in 3 sessions, covering a range of topics. Participants learn in the workshop to work on their own goals related to managing their diabetes. Now, we're going to create an individual educational plan for you so that you can get the most out of the workshop.

1. Would you like help with any of the following things (Check as many as applicable)?

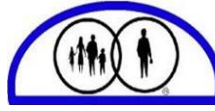
- Eating healthier meals/following a healthier meal pattern
- Increase my level of physical activity/exercise
- Increase my monitoring of blood sugar
- Increase the support from family or friends
- Set an achievable weight lose goals
- Increase my understanding of diabetes
- Improve my ability to manage stress and/or emotions that effect my diabetes
- Improve my ability to manage my depression
- Increase my ability to work with complications from diabetes (such as medical issues like neuropathy, vision problems, low energy, mobility
- Increase my ability to use the medical system effectively (for example: better communication with doctors)
- Increase my ability to give myself injections at appropriate/regular time

2. Identify the top three problems or issues which impact your ability to managing your Diabetes: (for example, blood sugar fluctuations; poor diet; depression; or other factors)

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3. Identify barriers to managing your diabetes successfully: (physical barriers; language; literacy; appropriateness for self-management)

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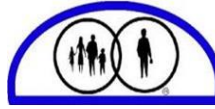
INDIVIDUAL PROBLEMS/NEEDS/GOALS:

4. Participant's readiness for change

For most people, changing long-held habits is hard to do. Just think of the people you know who have tried to quit smoking, cut down on drinking, or lose weight. When you have diabetes, it is important to develop healthy eating and exercise habits that can help you keep your blood sugar within a healthy range. According to the Centers for Disease Control and Prevention (CDC), people go through 5 stages when modifying their lifestyle habits:

When it comes to learning healthy habits to manage your diabetes, which stage are you in (check one)?

- 1. Nonawareness—You haven't even thought about changing your habits.
- 2. Realization—You've realized that there may be benefits to changing your habits.
- 3. Ready—You're ready for action.
- 4. Action—You take steps to change your behaviors.
- 5. Maintenance—You work toward maintaining your accomplishments.



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Metformin XL 500 mg	
Sig: Take 2 tablets twice a day with food	
#120 RF 3	Dr Smith

How many pills do you take per day if given a bottle with this label? \_\_\_\_\_

How do you learn best (please circle)?    Listening        Reading    Observing    Doing

What grade did you complete in school? \_\_\_\_\_

**Participant's initial goals:**

\_\_\_\_\_

\_\_\_\_\_

**ACCOMMODATION FOR PARTICIPANT'S INDIVIDUAL EDUCATIONAL NEEDS:**

Visual/Learning/Mobility/other disability that needs an accommodation:

\_\_\_\_\_

\_\_\_\_\_

**Summary of Plan**

\_\_\_\_\_

\_\_\_\_\_

Instructor's Signature\_( \_\_\_\_\_)

Date \_\_\_\_\_