Family Health Care Center

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

Do you currently smoke/chew/dip ? Yes | NO How much per day?_____

Did you smoke/chew/dip in the past? Yes | NO Year quite_____

Date of last Eye 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?				

Family Health Care Center

Name_____

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

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**

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

Expain_____

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

3. Do you prepare your own meals

Yes	NO

If no, who prepares them for you?_____

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

Yes	NO

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?

_____

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)

_____

_____

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

_____
_____

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.
- o 2. Realization—You've realized that there may be benefits to changing your habits.
- o 3. Ready—You're ready for action.
- o 4. Action—You take steps to change your behaviors.
- o 5. Maintenance—You work toward maintaining your accomplishments.

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_____