

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.

Peach State Health Plan is contracted with Medicare for HMO and HMO SNP plans, and with the Georgia Medicaid program. Enrollment in Sunshine Health Medicare Advantage depends on contract renewal.

Peach State Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak Spanish or Vietnamese, language assistance services, free of charge, are available to you. Call 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711).