Welcome to the WRNMMC Pediatric Endocrinology Department. We look forward to getting to know you and would like to prepare for your first visit.

- Please request records from your previous provider to include: laboratory results, visit summary, medication list, and immunization history.
- Upload your devices (pump, CGM) and connect with our clinic so we can access that information.
- Start a Tricare Online account at TOLSecureMessaging.com.
- If needed, start a School Diabetes Medical Management Plan (DMMP) and bring to the visit (attached).

Please complete the following to make the most of your visit:

1. What specific concerns would you like to discuss during your visit?

2. Please complete:

   - Medical history (diagnosed conditions):
     --Date diagnosed with diabetes:

   - Surgical history and overnight hospitalizations (with dates):

   - Family history of (please indicate relationship to the patient, e.g. parent, grandparent, siblings):
     - Mother’s height ____, first period at age ____
     - Father’s height ____, grew in height after high school? ____
     - Diabetes:
     - Thyroid disease:
     - Autoimmune disease:
     - High blood pressure:
     - High cholesterol:
     - Early heart attack or stroke (under 60):
     - Overweight or obesity:
     - Other (please specify):
Current Medications, Vitamins, and Supplements (prescribed and over-the-counter):

Allergies to medications or food:

3. Do you need any existing Endocrine prescriptions placed? Preferred military pharmacy?

4. Have you received your seasonal flu vaccine? (approximate date) __________

5. Type of Continuous Glucose Monitor:________ Insulin Pump:_____________ Smart Pen:_________
   __ If you are on Dexcom or Libre CGM, please ensure you are sharing with our clinic.
   __ If you are not using a CGM, please include a recent written log for review during your visit.
   __ If you have an insulin pump, please upload to Glooko / T-Connect / Carelink.
   __ If you are using a Smart Pen, please share on Clarity or send an e-report from the app.
   __ If you are on injections or are unable to upload your pump or smart pen, please write down:
      1. Carb Ratios (include time of day)
      2. Correction/Sensitivity Factor (include time of day)
      3. Blood Glucose (BG) Targets (include time of day)
      4. Average daily dose of bolus insulin (Novolog / Humalog / Apidra) over last 7 days
      5. Current dose of long acting insulin (Lantus / Levemir / Tresiba)

6. Preferred Phone Number: _____________________________________________________

7. Preferred Email:_____________________________________________________________

8. Current Durable Medical Equipment (DME) Vendor:_____________________________
Would you like to schedule a diabetes education visit to review any of the following?

- Nutrition / Carb counting
- Anxiety or depressed mood
- Hypo/hyperglycemia
- Driving safely
- Alcohol use
- Tobacco use
- Preparing for college
- Other: ______________________

___Transition to adult health care
___Conception / Future pregnancy
___BG Monitoring
___Technology (pumps / CGM /Smart Pens)
___Activity
___Pump back-up plan
___Pre-procedure plan (dental, med/surg)

**Pediatric Endocrinology Contact Information:**


Phone Message or Scheduling: Pediatric Subspecialty Clinic at 301-295-4959
Fax number to share with DME Vendors for pumps and CGM: 301-295-5069.
Diabetes Educator Office: 301-295-5068

For more information about our clinic and for the WRB Diabetes Workbook, visit:
[https://walterreed.tricare.mil/Health-Services/Childrens-Health/Pediatric-Subspecialties/Pediatric-Endocrinology](https://walterreed.tricare.mil/Health-Services/Childrens-Health/Pediatric-Subspecialties/Pediatric-Endocrinology)

Pediatric Endocrine Doctor On-call number for urgent concerns: 202-713-3321

*Documents enclosed are subject to the Privacy Act of 1974. Contents shall not be disclosed, discussed, or shared with individuals unless they have a direct need-to-know in the performance of their official duties.*