



Walter Reed NMMC Bethesda / Ft. Belvoir
Pediatric Endocrinology NEW PATIENT
Diabetes Pre-Assessment Form

Date: _____
Patient Name: _____
Date of Birth: _____

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?

- | | |
|--|--|
| <input type="checkbox"/> Nutrition / Carb counting | <input type="checkbox"/> Transition to adult health care |
| <input type="checkbox"/> Anxiety or depressed mood | <input type="checkbox"/> Conception / Future pregnancy |
| <input type="checkbox"/> Hypo/hyperglycemia | <input type="checkbox"/> BG Monitoring |
| <input type="checkbox"/> Driving safely | <input type="checkbox"/> Technology (pumps / CGM /Smart Pens) |
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Activity |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Pump back-up plan |
| <input type="checkbox"/> Preparing for college | <input type="checkbox"/> Pre-procedure plan (dental, med/surg) |
| <input type="checkbox"/> Other: _____ | |

Pediatric Endocrinology Contact Information:

Tricare Online e-message: Visit <https://app.tolsecuremessaging.com/> Select Pediatric Diabetes Inquiry.
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>

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.