



Appointment Dates _____

Name _____

Date of Birth _____

Type of Diabetes _____

Date of Diagnosis _____

What do you hope to learn during the visit? _____

Relevant Medical History (circle all that apply write in any other conditions):

- | | | | |
|------------------|---------------------|---------------------------|----------------|
| High Cholesterol | High Blood Pressure | Kidney Disease Nerve Pain | Eye Disease |
| Gastroparesis | Insulin Resistance | Depression/Anxiety | Celiac Disease |

How do you check blood sugar? (Circle one or more)

Meter (type) _____

Continuous Glucose Monitor (CGM) Dexcom Libre Medtronic/Guardian Eversense

I view my CGM on my Reader/Receiver Phone Pump Other _____

I do not currently test my blood sugar.

What is your typical blood sugar reading at

Breakfast _____ Lunch _____ Dinner _____ Bed _____

List your diabetes medicine and dose _____

If you take insulin, how do you take it? Please circle all that apply.

Insulin Pump Patch Pump Smart Pen Insulin Pen Vial/Syringe Inhaled

Do you have questions about your device? _____

How often do you take your diabetes medicine? All of the time Most of the time Rarely Never

At what blood sugar level do you feel high blood sugar symptoms? _____

How do you treat a high blood sugar? _____

In the past year, did you experience diabetic ketoacidosis (DKA)? Yes No

At what blood sugar level do you feel low blood sugar symptoms? _____

How do you treat a low blood sugar? _____

In the past year, did you need another person's help to handle low blood sugar? Yes No



What do you eat and drink at each meal?

Breakfast _____

Lunch _____

Dinner _____

Snacks _____ Beverages _____

Do you know how to count carbohydrates? Yes No

How many times a week do you exercise? 1-3 times 3-5 times Daily I do not routinely exercise

Do you have problems getting your diabetes medicine or supplies? Yes No

Within the past 12 months, you worried that your food would run out before you got the money to buy more.

Never True Sometimes True Often True

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Never True Sometimes True Often True

How willing are you to make lifestyle changes to achieve healthy blood sugar? (1= not willing, 5 = very willing)

1 2 3 4 5

I struggle to make changes in my life to care for my diabetes. Agree Neutral Disagree

Do you have difficulty with Seeing Hearing Reading Dexterity

OSU Internal Medicine, LLC Group Visit Consent Form Group visits are shared medical appointments in which multiple patients participate, sharing information about themselves and their medical status. Each patient's participation is strictly voluntary. The effectiveness of the group appointment is dependent upon a sharing of information by and among the participants. It is impossible to prevent protected medical information from being shared amongst the participants.

To be eligible to participate in a group medical visit, you must agree to respect the privacy of the other participants and agree to keep their information confidential. Patients need to feel comfortable participating in the group without their personal and medical information being shared outside of the group or used without their knowledge. You agree you will not make written notes, document or otherwise record any medical or personal information about group participants, without their written approval, and that you will not disclose any other participant's medical or personal information to anyone outside of the group medical visit.

OSU Internal Medicine, LLC (OSU IM), as the sponsor of the group medical visit, requires participants to sign a confidentiality agreement stating they will not repeat or share protected medical information or other personal information outside of the group; however, we cannot guarantee that all participants in the group will comply with the terms of the confidentiality agreement. Participant agrees to accept this risk.

Confidentiality Agreement and Consent

By signing this confidentiality agreement, I agree to keep all medical and personal information of group participants confidential. I agree that I may be excluded from the group if I fail to keep information confidential. I agree to allow OSU IM to share my name and medical information during the group visit, including information on my health, nutritional and medical conditions.

I release OSU IM from any and all liability, claims, damages and/or expenses resulting from any other participant's violation of their confidentiality agreement. This release shall be effective as long as I am participating in a group.

Name (please print): _____

Signature: _____ Date: _____

BEFORE Education - Please rate your knowledge on each topic using a scale of 0 to 3.

- 0 = No knowledge
- 1 = Some knowledge
- 2 = I understand
- 3 = I am an expert

TOPIC	Please Circle	I want more information about this topic (check mark)
I know the difference between Type 1 & Type 2 Diabetes	0 1 2 3	
I know how, when and why to check my blood sugar	0 1 2 3	
I know my target blood sugar and A1c level	0 1 2 3	
I recognize and can treat low and high blood sugars	0 1 2 3	
I can manage my diabetes when I am sick	0 1 2 3	
I am able to count carbohydrates and know which fats are heart-healthy	0 1 2 3	
I know three reasons that physical activity benefits me	0 1 2 3	
I can state my medicine and know why I am taking it	0 1 2 3	
I am aware of long-term and short-term diabetes complications	0 1 2 3	
I can identify how stress affects my diabetes	0 1 2 3	



AFTER Education - Please rate your knowledge on each topic using a scale of 0 to 3.

- 0 = No knowledge
- 1 = Some knowledge
- 2 = I understand
- 3 = I am an expert

TOPIC	Please Circle	I want more information about this topic (check mark)
I know the difference between Type 1 & Type 2 Diabetes	0 1 2 3	
I know how, when and why to check my blood sugar	0 1 2 3	
I know my target blood sugar and A1c level	0 1 2 3	
I recognize and can treat low and high blood sugars	0 1 2 3	
I can manage my diabetes when I am sick	0 1 2 3	
I am able to count carbohydrates and know which fats are heart-healthy	0 1 2 3	
I know three reasons that physical activity benefits me	0 1 2 3	
I can state my medicine and know why I am taking it	0 1 2 3	
I am aware of long-term and short-term diabetes complications	0 1 2 3	
I can identify how stress affects my diabetes	0 1 2 3	