



## Welcome to the Colorado Mountain Medical Endocrinology Team!

**Dr. Rebecca Adochio, MD**  
**Dr. Gigi Dawood, DO, FACE**  
**Annegret Kessler, CDE**  
**Sabrina Ste-Marie, PA**

**Please fill out the new patient paperwork for your upcoming appointment. Read the instructions carefully and let us know if you have any questions.**

### **Instructions for Patients with Diabetes:**

- Please arrive at least **30** minutes prior to the time of your appointment to check-in, even if your paperwork is already filled out
- This ONE HOUR appointment has been reserved especially for you, if you arrive more than 10 minutes late, we may not be able to see you and your appointment will be rescheduled
- Please give at least 48 hours notice by calling our office if you are unable to keep this appointment

### **Please bring to your appointment:**

- Government issued photo identification (driver's license, passport)
- Insurance card
- Completed New Patient Paperwork, this can also be emailed back to us at [endocrinology@cmmhealth.com](mailto:endocrinology@cmmhealth.com)
- **All of your medications in their original containers (in addition to your written list):**
  - Prescriptions
  - Over-the-counter medicine
  - Vitamins
  - Herbal supplements

- **PLEASE STOP TAKING BIOTIN PRODUCTS A WEEK PRIOR TO YOUR APPOINTMENT**

**Blood Sugar Information:**

- Written record of your blood sugar readings
- Please check additional blood sugars for 2 weeks prior to your visit (before meals, 2 hours after meals, bedtime)
- Diabetes in pregnancy/Gestational Diabetes: Check blood sugars before breakfast and 1 hour after each meal
- Detailed written record in the provided log of your blood sugars and the food you have eaten for 2 weeks prior to your appointment
- **Glucometer (blood sugar meter) - if you use multiple bring them all**
- **If you use an insulin pump and/or continuous sensor: bring your devices to your visit and your software log-in information to share data**

**Please contact our office if you have any questions.  
We look forward to meeting you!**

**Thank you,**

**Colorado Mountain Medical – Endocrinology  
Physical: 322 Beard Creek Road, Suite 1300  
Edwards, CO 81632  
Mailing: PO Box 4330  
Avon, CO 81620  
P: 970-446-1300  
F: 970-926-6348**

**Patients' Bill of  
Rights- Please read  
and keep for your  
records**

**Patient Responsibilities**

Patients are responsible for:

- Providing the clinic with as much information as possible about their health, medical history and insurance benefits.
- Showing behavior that is respectful and considerate to other patients, families, visitors, and employees of Colorado Mountain Medical.
- Participating in their treatment.
- Informing their health care provider or physician immediately if you need clarification when you do not understand the medical words or details about your plan of care.
- Notifying their care provider or physician about any changes in their condition.
- Following the plan of care established by their health care provider or physician. If they are unable or unwilling to follow the defined plan, they are responsible for telling their care team.
- Keeping their scheduled appointment times, and if unable to keep the appointment time to contact the clinic 48 hours in advance of your scheduled appointment.
- Assuring that their financial obligations are fulfilled as promptly as possible.
- Signing up for the patient portal, the portal allows for direct communication of Colorado Mountain Medical lab results and direct communication with their provider. This is the preferred method of communication with our providers.
- Contact your pharmacy for refills on any medications; they will contact the provider's office for approval.

**Clinic Responsibilities**

The clinic is responsible for:

- Providing patients with an after care summary of their visit which includes their plan of care.
- Showing respect and compassion to each patient and their family members.
- Protecting the confidentiality of patient's health care records.
- Contacting patients with test results within 1 week after results are final.
- Returning patients phone calls within 3 days with answers to non-emergent patient questions or issues.
- Providing patients advanced notice if a surgery, procedure, or clinic visit needs to be rescheduled and the reason behind the schedule change.

**Quick Reference Phone Numbers**

- Endo Clinical Line: 970-688-8431
- Medical Records: 970-688-8398
- Edwards Front Desk : 970-446-1300



**Colorado Mountain Medical**

Doctors you know and trust.

*A partner of Vail Health*

# Admission Health Survey

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

Other Providers (name and specialty): \_\_\_\_\_

Reason for Visit: \_\_\_\_\_

Preferred Pharmacy: \_\_\_\_\_

## Allergies/Sensitivities (Can attach list if needed)

Name of Drug/Food	Reaction	Name of Drug/Food	Reaction

**Medications(can attach a list):** list all prescriptions including injections/topicals, over-the-counter, dietary supplements and compounded products that you take daily, weekly, monthly, etc.

**\*MUST BRING EVERYTHING IN ORIGINAL BOTTLES/PACKAGING IN ADDITION TO YOUR LIST**

Name of Drug	Dosage	How Often	Reason for taking

**Medical Problems: (can attach a list)** include year of diagnosis




Name: _____
DOB: _____

**Social History:**

Profession \_\_\_\_\_  Married  Single  Divorced  Widowed

Do you drink alcohol?  Yes  No If yes, how many drinks in a week:  1-7  8-14  14+

Do you or have you ever used tobacco/nicotine?  Yes  No

Packs/day \_\_\_\_\_ Age Started \_\_\_\_\_ Age Quit \_\_\_\_\_

In past year have you used marijuana?  Yes  No Other recreational drugs?  Yes  No

Type of Diet:  Regular  Vegetarian  Vegan  Calorie Restricted  Low Salt  Low Carb

Servings of vegetables/day \_\_\_\_\_ Servings of fruit/day \_\_\_\_\_

Do you exercise?  Yes  No Type \_\_\_\_\_ Days per week \_\_\_\_

Local Resident?  Yes  No  Part Time Home Elevation: \_\_\_\_\_ feet

**Procedures/Surgeries: (may attach a list)**

**Year**


**Family History:**

Relative	Alive? (Y/N)	Medical Conditions
Mother		
Father		
Siblings:		
Children:		

Wellness	Date	Women Only	Y/N		
Colonoscopy		Could you be pregnant?		Date of last menstrual period	
EKG		Post-menopausal?		Birth control method	
Sleep Study		Last pap smear?		# of pregnancies	
		Last mammogram?		# of Miscarriages	

Patient/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOOD AND BLOOD GLUCOSE LOG**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**BLOOD GLUCOSE GOALS: Pre-meal: 70-130; 2 Hours Post Meal: 80-150; Bedtime: 120-150**

**Morning Fasting (F) Pre Meal (PM)**

**Two Hours After Meal (AM) or Bed Time (BT)**

**Date    F/time    Breakfast    AM/time PM/time    Lunch    AM/time PM/time    Dinner    AM/time    BT/time**

		Meds:			Meds:			Meds:		
		Meds:			Meds:			Meds:		
		Meds:			Meds:			Meds:		
		Meds:			Meds:			Meds:		
		Meds:			Meds:			Meds:		
		Meds:			Meds:			Meds:		
		Meds:			Meds:			Meds:		
		Meds:			Meds:			Meds:		

Notes: Include additional information such activity, type of exercise etc.