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## Welcome to the Colorado Mountain Medical Endocrinology Clinic!

Please complete the attached paperwork for your upcoming appointment. Be sure to read the instructions carefully and completely.

### **Instructions for New Patients:**

- Please arrive at least <u>30</u> minutes prior to your appointment time, even if you have already completed your paperwork.
- This ONE HOUR appointment has been reserved for you. If you arrive more than 10 minutes late, you may be asked to reschedule.
- If you must cancel or reschedule your appointment, please provide at least 2 business days' notice by calling our office.
- A same day cancellation or no show may require you to obtain a new referral.
- Please <u>STOP</u> taking high-dose biotin products 1 week prior to your appointment. Make sure to check ingredients of your vitamins & supplements for **300mcg** or greater per day of biotin. Most commonly found in prenatal/Hair, Skin, and Nails vitamins.

### Please bring the following items to your appointment:

- Completed new patient paperwork; this can also be emailed to us at EndoScheduling@CMMHealth.com.
- Government issued photo ID (Driver's License or Passport)
- Insurance card(s)
- ALL your prescription medications, over the counter medications, vitamins, & supplements in their <u>original containers</u> in addition to your written list. REALLY!
- Any medical records you may have in your possession including lab results, imaging reports, and operative reports. Every effort will be made by our office to obtain your previous medical records prior to your appointment.

Continued on next page...



#### Please bring the following items to your appointment:

- Written record of blood sugar readings, with an additional 2 weeks of data including food you have eaten prior to your visit. Example log attached, but you are more than welcome to use any format of your own.
  - Check before meals, 2 hours after meals, & at bedtime.
  - For diabetes in pregnancy/gestational diabetes, check before breakfast & 1 hour after each meal.
- Glucometer (blood sugar meter); if you use multiple devices, please bring them all.
- Continuous glucose monitor or sensor & insulin pump.
  - Bring software login information to share data. If you are able to upload your device(s) from home prior to your appointment, this will save time and create a smoother visit.
     Please call our office prior to your visit if you need assistance with uploading.

Colorado Mountain Medical has multiple office locations within the Vail valley. The Endocrinology clinic is solely based out of

Edwards, CO; map enclosed.

Please contact our office with any questions.

We look forward to meeting you!



# Admission Health Survey

Patient Name:		Date of Birth:					
Primary Care Provider:		Referring Physician:					
Other Providers (name an	d specialty):						
Reason for Visit: Preferred Pharmacy:							
Allergies/Sensitivitie	es (Can attach list if	needed)					
Name of Drug/Food	Reaction	Name of Drug/Food	Reaction				
and compounded product	s that you take daily, we	ctions/topicals, over the colekly, monthly, etc. Can atta	ach list if needed.				
	Dosage						
Medical Problems: in	iclude year of diagno	sis. Can attach list if ne	eeded.				



o you or have you ev			<b>_ \</b>	/larried	□ Single □ Divorced □ V	Vidowed
	er used	tobacco/nic			week: □ 1-7 □ 8-14 □ 1 □ Yes □ No	14+
In the last year have	you use	ed marijuan	a? □ Yes □ No	Other re	ecreational drugs? □ Yes	□ No
-	-	-			icted □ Low Salt □ Low	
		•	_		uit per day	
					ays per week:	
					tion:f	
Procedures/Surg	geries:	(may att	ach a list)		<b>Y</b>	ear
Familia I Batama						
Family History:						
Family History: Relative	Aliv	/e? (Y/N)		M	edical Conditions	
	Aliv	/e? (Y/N)		M	edical Conditions	
Relative	Aliv	/e? (Y/N)		M	edical Conditions	
Relative Mother	Aliv	/e? (Y/N)		M	edical Conditions	
Relative Mother Father	Aliv	/e? (Y/N)		M	edical Conditions	
Relative  Mother  Father Siblings:	Aliv	/e? (Y/N)		M	edical Conditions	
Relative Mother Father	Aliv	/e? (Y/N)		M	edical Conditions	
Relative  Mother  Father Siblings:	Aliv	/e? (Y/N)		M	edical Conditions	
Relative  Mother  Father Siblings:	Aliv		men Only		edical Conditions	
Relative  Mother  Father Siblings:  Children:		Wor	men Only	M.		period
Relative  Mother  Father  Siblings:  Children:		Wor	be pregnant?		Date of last menstrual patch control method	period
Relative  Mother Father Siblings: Children: Wellness Colonoscopy		Wor Could you	be pregnant? opausal?		Date of last menstrual p	period



A partner of Vail Health

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)

F/time	Breakfast						e Dinner	AM/time	
	Meds: Multivitamin				159	112	Meds:		125
7:30a	Egg, bacon, toast, &	10:00a	12:15p	<b>Turkey sandwich with potato</b>	2:30p	6:00p	Cesar salad with grilled	8:30p	10:00p
	coffee.			chips.			chicken.		
	Meds:			Meds:			Meds:		
	NA a da c	_		NA a da .			Mada		
	Meas:			Meas:			Meas:		
	Meds:			Meds:			Meds:		
	Meds:			Meds:			Meds:		
	Meas:			Meas:			Meas:		
	Meds:			Meds:			Meds:		
	F/time 121 7:30a	121 7:30a  Meds: Multivitamin Egg, bacon, toast, & coffee.  Meds:  Meds:  Meds:	121 7:30a  Meds: Multivitamin Egg, bacon, toast, & coffee.  Meds:  Meds:  Meds:  Meds:  Meds:	121	Meds: Multivitamin   168   10:00a   12:15p   Turkey sandwich with potato chips.	121	Meds:   Meds:   Meds:   Meds:	Meds:   Meds:   Meds:   Meds:   Meds:   Meds:   Cesar salad with grilled chicken.   Meds:   Meds:	121

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



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 Easting (F)

Pre Meal (PM)

Two Hours After Meal (AM) or Red Time (RT)

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Date	F/time	Breakfast	AM/time F		h AM/time			AM/time	BT/time
		Meds:		Meds:			Meds:		
		Meds:		Meds:			Meds:		
		Meds:		Meds:			Meds:		+
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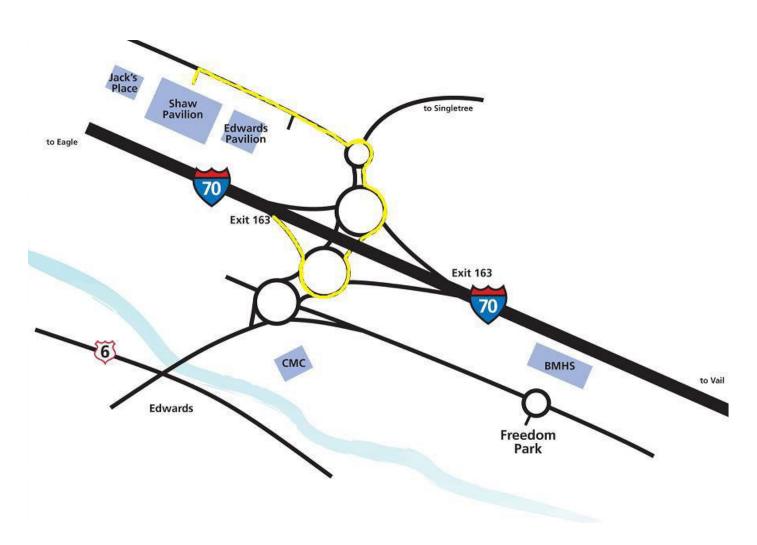
Notes: Include additional information such activity, type of exercise etc.



# 322 Beard Creek Road, Suite 1300 EDWARDS, CO 81632

## If you are traveling on I-70 going EASTBOUND

- Take Exit #163 into Edwards
- At first roundabout, take 3<sup>rd</sup> exit (left) onto Edwards Access Rd.
- At second roundabout, take 1st exit (straight) onto Beard Creek Rd.
- At third roundabout, take 2<sup>nd</sup> exit (left) and continue west on Beard Creek Rd.
- Turn into Entrance #2.
- The office is located inside of the Shaw Pavilion (middle building), suite 1300.





# 322 Beard Creek Road, Suite 1300 EDWARDS, CO 81632

## If you are traveling on I-70 going WESTBOUND

- Take Exit #163 into Edwards
- At first roundabout, take 1st exit (right) onto Beard Creek Rd.
- At second roundabout, take 2<sup>nd</sup> exit (left) and continue west on Beard Creek Rd.
- Turn into Entrance #2.
- The office is located inside of the Shaw Pavilion (middle building), suite 1300.

