

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 5 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!

### **Colorado Mountain Medical - Endocrinology**

**Physical:** 322 Beard Creek Road, Suite 1300 Edwards, CO 81632

**Mailing:** PO Box 4330 Avon, CO 81620

**Phone:** (970) 446-1300 | **Fax:** (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 their 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.
- Contacting their 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 his/her family members.
- Protecting the confidentiality of patients' 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

- **Endocrinology Clinical Line** (970) 688-8431
- **Medical Records** (970) 688-8398
- **Edwards Front Desk** (970) 446-1300

**ADMISSION HEALTH SURVEY**

<b>Name</b>	<b>DOB</b>
<b>Primary Care Provider</b>	<b>Referring Physician</b>
<b>Other Providers (name and specialty)</b>	
<b>Reason for Visit</b>	
<b>Preferred Pharmacy</b>	

**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

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## SOCIAL HISTORY

Name				DOB		
Profession		Married	Single	Divorced	Widowed	
Do you drink alcohol?	Yes	No	If yes, how many times in a week?	1-7	8-14	14+
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:		

## PROCEDURES/SURGERIES (MAY ATTACH A LIST)

## YEAR


## FAMILY HISTORY

RELATIVE	ALIVE?	MEDICAL CONDITIONS
Mother:		
Father:		
Siblings:		
Children:		

WELLNESS	DATE	WOMEN ONLY			
Colonoscopy		Could you be pregnant?	Yes	No	Date Of Last Menstrual Period
EKG		Post-menopausal?	Yes	No	Birth Control Method
Sleep Study		Last pap smear?			# of Pregnancies
		Last mammogram?			# of Miscarriages

Patient/Parent/Guardian Signature	Date
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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:		
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