

# PREDIABETES INITIAL ASSESSMENT

DIABETES CENTRE

Shading indicates optional completion if recorded elsewhere; i.e., Flow Sheet, Medication Sheet, etc.

Unit No. \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 HC No. \_\_\_\_\_  
 Phone number: (h) \_\_\_\_\_  
 (w) \_\_\_\_\_

Date: \_\_\_\_\_ Referring/family physician(s): \_\_\_\_\_

Accompanied by:  no one  spouse  friend  other: \_\_\_\_\_

## FAMILY HISTORY (parents, siblings, children)

Diabetes:  Type 1  Type 2 \_\_\_\_\_  
 Prediabetes:  IFG  IGT  IFG & IGT \_\_\_\_\_  
 Cardiovascular Disease (CVD) \_\_\_\_\_  
 Obesity  Hypertension \_\_\_\_\_  none

## HEALTH STATUS

Medications (Include OTC and supplements)  see Medication Sheet  none

Recent illness/hospitalization: \_\_\_\_\_  none

Medical problems (✓ problems only):

hearing: \_\_\_\_\_  vision: \_\_\_\_\_  ↑ BP: \_\_\_\_\_  dyslipidemia: \_\_\_\_\_  
 CVD: \_\_\_\_\_  stroke: \_\_\_\_\_  thyroid: \_\_\_\_\_  cancer: \_\_\_\_\_  
 arthritis \_\_\_\_\_  chronic pain: \_\_\_\_\_  depression (dx/tx): \_\_\_\_\_  
 previous diagnosis of GDM: \_\_\_\_\_  other: \_\_\_\_\_  none

Allergies (food; drugs; environmental):  N  Y (note) \_\_\_\_\_  none

How often do you see the following:

GP: \_\_\_\_\_ Specialist: \_\_\_\_\_

Other: \_\_\_\_\_ Last appt: \_\_\_\_\_

Smoking/chewing tobacco:  N  Y Amount: \_\_\_\_\_  Quit: \_\_\_\_\_

Alcohol:  N  Y Type/amount/freq: \_\_\_\_\_

Social drugs:  N  Y Type/freq: \_\_\_\_\_

Women of childbearing age (12-45 years)  n/a

Birth control:  N  Y Method: \_\_\_\_\_

Pregnancy plan: \_\_\_\_\_  none

INSTRUCTED

## SOCIAL ASSESSMENT

Marital status:  single  married  widowed  divorced  other: \_\_\_\_\_

Lives with:  alone  spouse/partner  other: \_\_\_\_\_

Occupation: \_\_\_\_\_  retired  homemaker  other: \_\_\_\_\_

**SOCIAL ASSESSMENT (cont)**Hours of work:  full-time  part-time  shift (hours): \_\_\_\_\_  n/aDo you have any financial concerns?  N  Y \_\_\_\_\_Drug plan (self/spouse):  N  Y: \_\_\_\_\_Your preferred method of learning:  listening and talking  reading  both  other: \_\_\_\_\_

Stressors (If necessary, explore coping mechanisms, support networks, etc.): \_\_\_\_\_

\_\_\_\_\_  none

Does having prediabetes bother you? (fears, past experiences, etc.): \_\_\_\_\_

How can we help you? \_\_\_\_\_  not stated**TREATMENT****Physical Activity** (type/frequency):Walking (routine)  N  Y \_\_\_\_\_Pedometer use  N  Y \_\_\_\_\_Exercise program  N  Y \_\_\_\_\_Other:  N  Y \_\_\_\_\_  no specific exercise routine

Recreation/hobbies/work activities (type/frequency): \_\_\_\_\_

Number of hours a day of screen time (i.e., TV, computer, and/or video games): \_\_\_\_\_

Barriers to physical activity: \_\_\_\_\_

 Indicate exercise rating on Flow Sheet INSTRUCTED**NUTRITION - DIETITIAN ONLY****Weight History**

Usual wt: \_\_\_\_\_

Recent gain or loss (&lt; 6 mos): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Goal wt (short/long term): \_\_\_\_\_

**Assessment**Present wt: \_\_\_\_\_ Ht/Ht m<sup>2</sup>: \_\_\_\_\_ WC: \_\_\_\_\_

BMI: \_\_\_\_\_

Acceptable BW range (lbs/kg): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hx of previous diets:  N  Y Include outcomes/successes: \_\_\_\_\_Problems with: appetite  N  Y \_\_\_\_\_bowels  N  Y \_\_\_\_\_chewing/swallowing  N  Y \_\_\_\_\_Eating response to: boredom  N  Y \_\_\_\_\_stress  N  Y \_\_\_\_\_

Restaurant meals (frequency/type): \_\_\_\_\_

**Diet History**

Meal/snack times (note weekend changes): \_\_\_\_\_

Skipped meals:  N  Y Freq/times: \_\_\_\_\_Food prepared by:  self  spouse/partner  other: \_\_\_\_\_Grocery shopping:  self  spouse/partner  other: \_\_\_\_\_Sodium/salt:  adds to foods  adds in cooking  does not useSugar:  adds to foods  adds in cooking  does not useDiet/special foods:  sweetener \_\_\_\_\_  diet drinks \_\_\_\_\_  other \_\_\_\_\_Recent changes in diet:  ↓ fats  ↑ fibre  ↑ fruit & veg.  ↓ empty calories  ↓ portions  ↑ regular meals  
 other: \_\_\_\_\_  none**Comments:** Food Record Attached**Problem Area(s) Identified** none

meal spacing  meal irregularity  unnecessary snacks  high fat  
 poor meal balance  inadequate fibre  high simple sugar  high Na  
 variable CHO intake  CHO loading  excessive calories  excessive protein  
 nutritionally inadequate food group:  milk  fruit  veg  protein  starch  
 other: \_\_\_\_\_

Contributing problems  inactivity  alcohol  hx obesity  lifestyle other: \_\_\_\_\_  noneReadiness to change  precontemplation  contemplation  preparation  action  maintenance

**Meal Plan Given**  Canada's Food Guide  Just the Basics™  Beyond the Basics™  Sample Menus  
 other \_\_\_\_\_  See DCPNS Meal Plan Sheet

Additional modifications:  fat  sodium  fibre  protein  other: \_\_\_\_\_

