

Health Education Referral

Referred by: _____

Date: _____

Provider Information

Provider Name: _____

Diagnosis: _____

Phone Number Extension: _____

Patient Information (Label)

Name: _____

Insulin: Yes No

MRN: _____

Language Spoken: _____

DOB: _____

Phone Number: _____



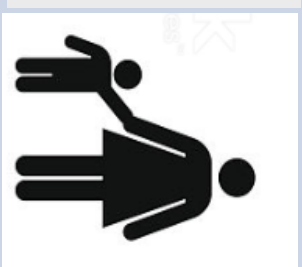
Health Education Services/Health Coach

- Diabetes: Type 1 Type 2 Gestational
- Asthma- Persistent Only
- Hypertension High Cholesterol
- Blood Pressure Check
- Weight: Pediatric Obesity (BMI greater than 95th%)HWFL
- Weight: Adult Obesity (BMI 30+)
- Nurse Visit Scheduled: Date/Time _____



Campus Medical /Delhi Medical Classes

- Diabetes- The Disease Process
- Blood Glucose Monitoring Nutrition Exercise
- Considerations DM/HTN Medications
- Complications of Diabetes/HTN



Scheduled for: Appointment Class:

Weekly Scheduled Classes

Days: Monday/Wednesday/Friday

Times: Spanish Classes: 9-10am

English Classes: 10:30-11:30am

Date taken: _____

Height: _____ Weight: _____ BMI: _____

A1C: _____ B/P _____

Provider Signature: _____

Instructions/Comments: _____

Contact Information:

Rosa Pavey : 209-761-2795 ●

Ivan Prado 209-466-2771

● Liliana Zaragoza : 209-850-0098

HIGH BLOOD PRESSURE AND DIABETES

HIGH BLOOD SUGAR (HYPERGLYCEMIA)

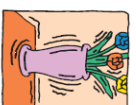
Keeping your blood sugar under control is important. Too much sugar in your blood, for too long, can cause serious health problems.

Common Causes: Too much food, not taking enough insulin or diabetes pills, being less active than normal, stress or illness.

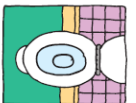
Symptoms include:



Thirsty all the time



Blurry vision



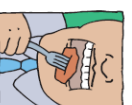
Need to urinate often



Weak or tired



Dry skin



Often hungry

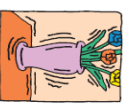
LOW BLOOD SUGAR (HYPOLYCEMIA)

A low blood sugar can happen quickly. If not treated right away, low blood sugar can cause a medical emergency. You can even pass out. **Common causes:** Skip a meal or not eat enough food; too much insulin or diabetes pills; more active than usual.

Warning signs include:



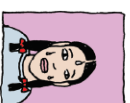
Shaky or dizzy



Blurry vision



Weak or tired



Sweaty



Headache



Hungry



Upset or nervous

Every 3 Months

Regular doctor's office visit

A1C blood test

Every 3 months if your blood sugar (glucose) number is too high

Blood pressure check

Weight check

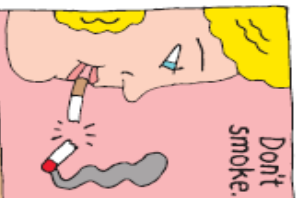
Foot check

TIPS TO CONTROL HIGH BLOOD PRESSURE

Avoid salt and fatty foods.



Don't smoke.



Exercise daily if you can.



Avoid or limit alcohol.



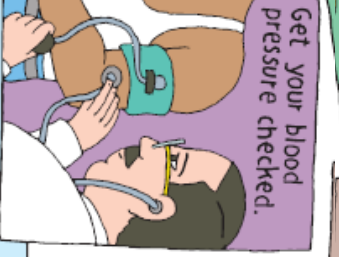
LOSE weight.



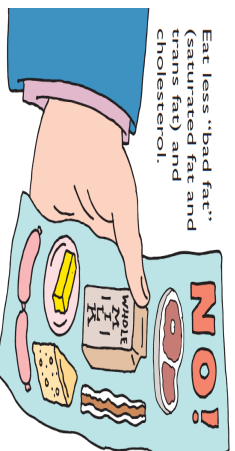
Take your medicine every day.



Get your blood pressure checked.



Eat less "bad fat" (saturated fat and trans fat) and cholesterol.



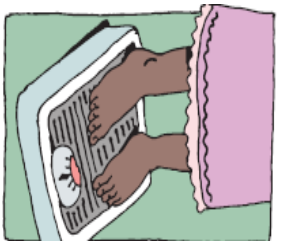
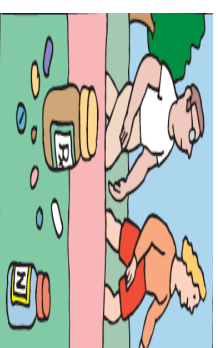
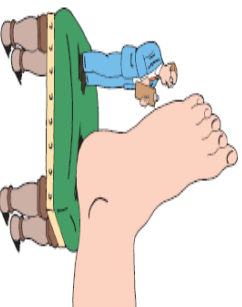
Relax.



Good blood pressure control is important for people with diabetes.

Diabetes increases your risk (chance) of having high blood pressure.








Diabetes and high blood pressure both increase your risk for heart attack or stroke.



Be active 30 minutes a day, or more, in ways my doctor OK's.

Check your blood pressure and blood sugar. Write the results in a diary/log.

Keep my Doctors appointments. Obtain recommended labs.

Goal Topic	Action Plan	Success Level (1-10)	Start Date
Monitoring 	What I am going to do _____ How often I will do it _____ What time will I do it _____ What support do I have _____ (glucose checks, blood pressure, other)		
Medications 	How will I remember to take my medicine _____ How will I remember to re-order my medicine _____ What support do I have _____		
Stress Management 	What I am going to do _____ How often will I do it _____ When will I do it _____ What support do I have _____ (read, yoga, meditation, prayer)		
Stop Smoking 	What I am going to do _____ How I am going to do it _____ When I am going to do it _____ What support do I have _____		
Foot care 	What I am going to do _____ When I am going to do it _____ What time will I do it _____ What support do I have _____		
Dental Exam 	When I am going to make my appointment _____ What support do I have to get there _____		
Dilated Eye Exam 	When I am going to make my appointment _____ What support do I have to get to my appointment _____		