



Barbara Davis Center for Diabetes

UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Dear Family,

Thank you for choosing the Barbara Davis Center for Childhood Diabetes for your child's care. We are looking forward to meeting you. It is important to tell you that we are able to serve you in a very unique and complete way. On your first visit you will meet with a Physician/ Nurse Practitioner/ Physician Assistant, nurse educator, dietitian, and social worker. We need time to get to know your child, and your child's needs. Likewise, we would like you to get to know us and the care we provide. Please plan to spend two to four hours in our facility for the first visit.

We are committed to making this day as beneficial as possible for you and your family. Any family members or others who are closely involved in your child's care are welcome, including grandparents, stepparents, aunts, uncles, older siblings, and caregivers. We encourage you to make childcare arrangements for children other than your own because space is limited, and children may get impatient and disrupt you from receiving important information. If you have questions, contact our front desk personnel at (303)-724-6748.

Please fill out and return the attached paperwork so we may better understand your child's previous care. While we will schedule your appointment without this, we would like to have the most effective visit possible. Please email the paperwork and a copy of your insurance card (front and back) to the Front Desk staff at BDCPedsFrontDesk@ucdenver.edu. Alternatively, you may mail it to 1775 Aurora Court, Mailstop A140, Aurora, Colorado, 80045, or fax it to (303) 724-6785. Also, please contact your previous providers and ask them to fax your child's records (last two visits, growth charts, and lab results) to us at (303) 724-6785. Please make sure to bring your insurance card and all diabetes related devices to your appointment. Plan to arrive 15 minutes early. If you arrive more than 10 minutes after your scheduled visit time, you will need to reschedule.

Again, thank you for choosing the Barbara Davis Center for Childhood Diabetes for your care. We are pleased to be able to serve you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Robert H. Slover'.

Robert H. Slover MD
Director, Pediatric Clinic

Directions and Parking Instructions

We are located at 1775 Aurora Court, Aurora, CO 80045. We are part of the Anschutz Medical Campus. **Please see attached map.**

Patient parking is located directly adjacent to The Barbara Davis Center building (to the west). It is a pay parking lot. The kiosk accepts cash and credit cards. The maximum cost is \$8 per day. **You will need a parking code to pay, which should be given to you at the time of making the appointment, or please call us from the parking lot kiosk if you forgot the code (303-724-6749).** There is additional patient parking as indicated on the map.

The Anschutz Medical campus is located in Aurora near the intersection of I-70 and I-225.

From Downtown:

Take Colfax east for about 10 miles.

Turn left on Aurora Court, and left again at 17th Ave. at the Barbara Davis Center sign and park behind the building.

From DIA:

Take Pena Blvd. south until it merges into I-70 west.

Almost immediately there is a fork (left) to take I-225 south.

Take I-225 south about 1 mile to the first exit, Colfax and exit right.

Turn right on Aurora Court, and left at 17th Ave. at the Barbara Davis Center sign and park behind the building.

From the North:

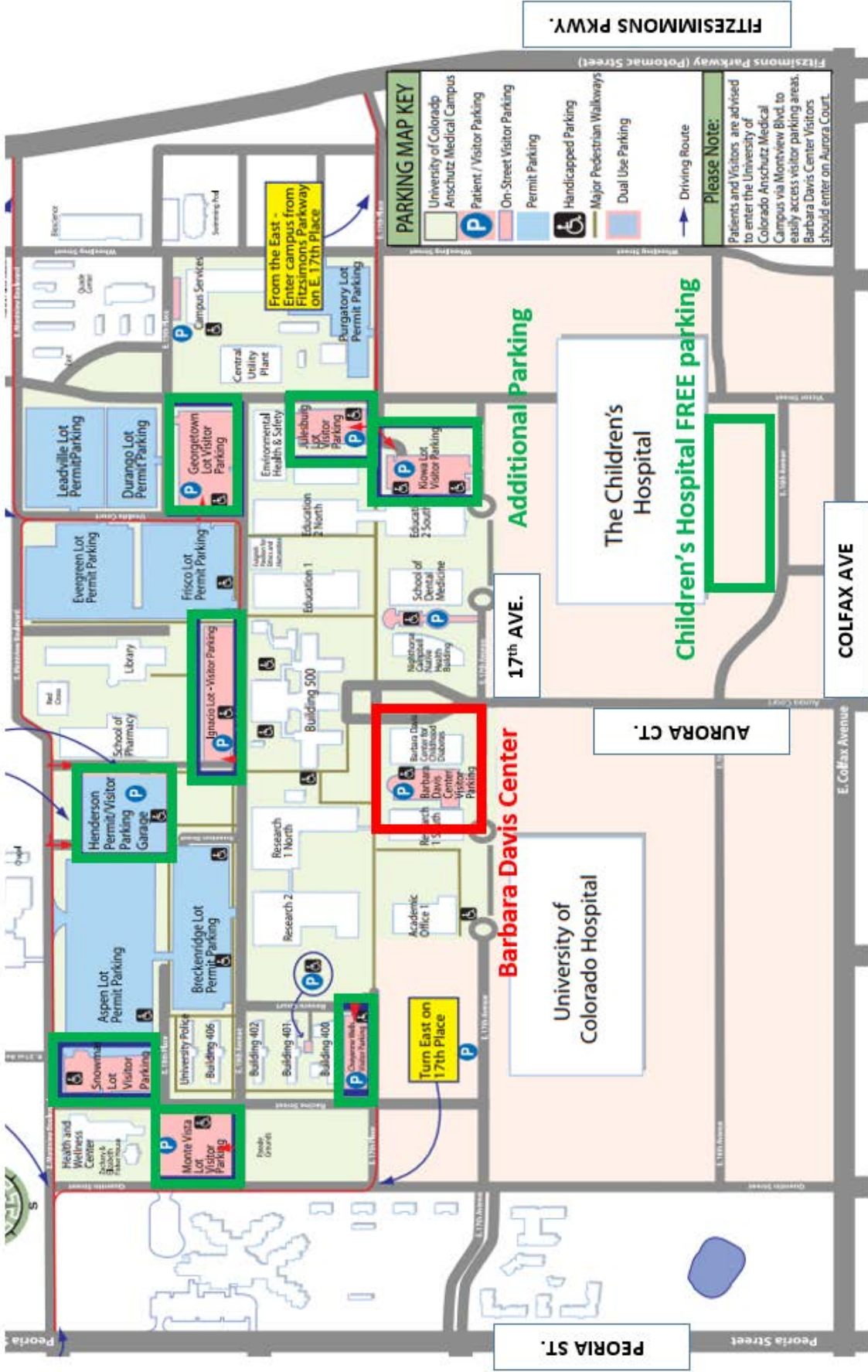
Take I-25 south to I-70 east to I-225 south to the first exit. Colfax, exit right.

Turn right on Aurora Court, then left at 17th Ave, at the Barbara Davis Center sign and park behind the building.

From the South:

Take I-25 north to I-225 to the Colfax exit, turn left (west).

Turn right on Aurora Court, then left at 17th Ave. at the Barbara Davis Center sign and park behind the building.



FITZSIMMONS PKWY.

PARKING MAP KEY

- University of Colorado
- Anschutz Medical Campus
- Patient / Visitor Parking
- On-Street Visitor Parking
- Permit Parking
- Handicapped Parking
- Major Pedestrian Walkways
- Dual Use Parking
- Driving Route

Please Note:
 Patients and Visitors are advised to enter the University of Colorado Anschutz Medical Campus via Montview Blvd. to easily access visitor parking areas. Barbara Davis Center Visitors should enter on Aurora Court.

From the East -
 Enter campus from
 Fitzsimmons Parkway
 on E. 17th Place

Additional Parking

The Children's
 Hospital

Children's Hospital FREE parking

17th AVE.

Barbara Davis Center

AURORA CT.

University of
 Colorado Hospital

COLFAX AVE

E. Colfax Avenue

PEORIA ST.

Peoria Street

New Patient Initial Information

TO HELP US GET TO KNOW YOU BETTER, PLEASE COMPLETE THIS FORM AND RETURN IT TO US.

Name of Patient: _____ Today's Date: _____

Date of Birth: _____ Date of Diagnosis: _____

Type of Diabetes: Type 1 Type 2 Other (specify) _____

Allergies: _____

Other Medicines? _____

Parent/Guardian Names: _____

HISTORY: (Check all that apply)

1. Where was your child diagnosed? City _____ State _____

2. Did your child visit the emergency room during the diagnosis period? Yes No

3. Was your child admitted to a hospital at diagnosis? Yes No

a. Name of hospital: _____ City _____ State _____

4. Was your child in DKA (diabetic ketoacidosis) at diagnosis? Yes No I don't know

5. How many times has your child been hospitalized for **DKA** (not including diagnosis)? _____

6. How many times has your child been in hospital/emergency room for **hypoglycemia**? _____

7. Has your child been **hospitalized for any other reason or had surgery**? Yes No

a. If yes, describe: _____

8. Does your child or any family member have thyroid or celiac disease? Yes No

(If yes, please list) _____

9. Are there other health problems? Yes No (If yes, please list below)

10. Did you or your child receive education about diabetes during the diagnosis period? Yes No

If yes, in which of the following ways did you receive education?

a) In an outpatient clinic? Yes No

b) While the child was an inpatient? Yes No

c) By calling your physician when diabetes-related problems occurred? Yes No

d) By attending a class on diabetes? Yes No

e) Through local diabetes organizations? Yes No

f) Through your own reading? Yes No

g) Through talking with other families with diabetic children? Yes No

GLUCOSE MONITORING:

1. What type of meter do you use? _____

2. Do you use a CGM? Yes No

CURRENT INSULIN REGIMEN: Injection Pump

HYPOGLYCEMIA:

1. How do you treat low blood sugars? _____
2. Do you have glucagon at home? Yes No
3. Has your child ever received a glucagon injection? Yes No

SICK DAY MANAGEMENT: (Check all that apply)

1. When do you check for ketones? _____
2. What ketone level do you consider serious and necessary to call your doctor?
 Urine Blood _____

CHILD'S SCHOOL: _____

GRADE: _____ **SPORTS:** _____

GENERAL DIABETES EDUCATION:

1. Have you received education on the following topics **in the past**?

What causes diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
How different kinds of insulin work:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education about your diet:	<input type="checkbox"/> Yes <input type="checkbox"/> No
How to check blood glucose:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preventing and treating lows:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complications of diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-care and emotional health:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Insulin pumps:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Continuous glucose monitors:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exercise and diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
How to check ketones:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preventing DKA:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setting goals for care:	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. What are your biggest struggles with diabetes (*check all that apply*)?

<input type="checkbox"/> Pain or struggles with shots	<input type="checkbox"/> Exercise & Diet management
<input type="checkbox"/> Adjusting insulin dosages	<input type="checkbox"/> Mood or Behavioral issues
<input type="checkbox"/> Sharing the tasks (who should do what)	<input type="checkbox"/> School & Diabetes
<input type="checkbox"/> Low blood sugars	<input type="checkbox"/> Other _____
<input type="checkbox"/> Pump/CGM/meters (technology)	_____

PLEASE LIST ANY OTHER TOPICS OR CONCERNS THAT YOU WOULD LIKE TO DISCUSS WITH THE BARBARA DAVIS CENTER STAFF DURING YOUR VISIT:

*This form is available for download on the website: www.barbaradaviscenter.org. Search under the "PatientCare" tab for the "Clinical Resources" link.