Welcome to the Division of Endocrinology, Diabetes and Metabolism

Here is your New Patient Packet with instructions

Have your health insurance card(s), a valid picture ID, and any applicable copayment ready when you check-in.

We have enclosed a map with directions to our office, along with a questionnaire for you to complete and bring to the visit. Please bring a list of current medications, including prescribed and non-prescribed, over-the-counter medications, and any herbal supplements you may take. We also need any medical records pertinent to your visit. If you have diabetes please bring in a minimum of the last 2 weeks of your blood sugar logs.

This is an academic institution, and therefore you may see a student physician, resident or fellow in addition to the provider whose name appears above.

Your co-pay is required to be paid at the time of service. If you do not have insurance, a minimum deposit of $96 is required at the first visit. If you cannot afford this deposit, please call 614-293-2100 or 1-800-834-1564 to inquire about financial aid. If your insurance carrier requires prior authorization and/or a primary care referral, you are responsible for obtaining these prior to your visit. Please confirm that we are an in-network provider with your insurance carrier.

Should you need to cancel or reschedule your appointment, please call 614-685-3333. We request at least 48 hours’ advanced notice when cancelling to allow us time to offer the appointment to another patient who may be waiting for treatment. If you cancel with less than 48 hours’ notice, we may be unable to schedule future appointments for you in our clinic. We look forward to seeing you.

We now offer convenient appointment reminders via text message! If you would like to sign up for this service, make sure we have your cell phone number on file and text ‘OSUWMC’ to 622622 to get started.

Sincerely,

The Division of Endocrinology, Diabetes and Metabolism
The Ohio State Wexner Medical Center
WELCOME! Thank you for allowing The Ohio State University Wexner Medical Center to be a part of your health care team. So that we can better serve you, please refer to the guidelines below. If at any time you have any questions/concerns, please feel free to ask anyone on our team. We will be more than happy to help you.

About Us

- Endocrinology is the branch of medicine that deals with the diagnosis and treatment of diseases of the endocrine system. The endocrine system consists of the hypothalamus, pituitary, thyroid, parathyroid, adrenal, pancreas, ovaries and testes. Our physicians also specialize in metabolic bone disorders. Our endocrinologists are driven by the mission of The Ohio State University Wexner Medical Center: To improve people’s lives through innovation in research, education and patient care.

Contact Us

- **Call Center Phone:** 614-685-3333-Option 1  
  **Office Fax:** 614-366-0345
- Clinic hours and Call Center staff are available from 8:00 a.m. to 5:00 p.m. Monday-Friday. No Holidays.
- Emergencies call 911 or go to your nearest emergency room.
- After hours calls are answered by our answering service.

Clinic Policies

- If you need to cancel your appointment, please provide at least 48 hours’ notice either by OSUMYCHART or by calling; 614-685-3333-Option 1. Failure to provide at least 24 hours’ notice two or more times may result in dismissal from the practice.
- Patients arriving more than 20 minutes late will be rescheduled.
- After 3 consecutive no shows you will be dismissed from our practice. This allows those patients who need to be seen the availability.
- Please bring all insulin pump and glucose meters/downloads to each scheduled appointment.
- Bring a list of current prescription and non-prescription medications, including vitamins and supplements (Calcium/Vitamin-D etc.). *If possible, please bring your bottles with you.

Medication Refills

- **Please request ALL MEDICATION REFILLS at the time of your appointment.**
- Refills requested by phone or OSUMyChart in between visits require at least 2 business days to be processed.
- As of **2/1/2016**, Endocrinology will no longer accept fax refill requests for medication from your pharmacist.
- **Please have your pharmacists send ALL MEDICATION REFILL request electronically to our Electronic Medical Records System via Sure Scripts.** If they do not have the capability to do so, they must call our office 614-685-3333-Option 1.
- **ALL fax requests for medication will be discarded starting 2/1/2016.**
- We will continue to **ONLY** accept Diabetic Supply requests (Insulin pump, glucose testing etc.) via fax.
Lab Results

- **Please allow at least 7 business days for lab results to be reviewed.**
- Please note that some specialty testing may take up to 7 business days or longer to be completed.
- If there are any urgent issues requiring immediate attention, we will contact you at your provided phone numbers.
- Any non-urgent results will be relayed via OSUMyChart if you have signed up for this service or via a letter through the mail and/or phone call.

**Paperwork processing**

- The processing fee for paperwork completion is $25.00 collected at the time the form is provided to the clinic, unless it is presented during an appointment.
- Please allow 7 to 14 business days to process **ALL** paperwork.

**Communication with your provider**

- OSUMyChart is highly recommended as the most efficient means to contact your provider and/or our staff.
- For phone calls, please call our office Monday- Friday 8:00 a.m. to 5:00 p.m. and your message will be relayed to your provider. Please allow 1-2 business days for a response.
- After hours calls are answered by our answering service; evenings, weekends and holidays.
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<td>Stroke/mini stroke</td>
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<td>Seizures</td>
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<td>Chronic lung disease</td>
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<td>Liver disease</td>
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<td>Fractures</td>
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Update: 12/1/15
Name: _____________________________________
DOB: ______________________________________
MRN: ______________________________________

Eyes:
☐ I have double vision.
☐ My eyes are bulging.
☐ I have red/dry eyes.

Lungs/Respiratory:
☐ I snore when I sleep.
☐ I stop breathing at night.
☐ I cough regularly.
☐ I have new or increased shortness of breath.

Musculoskeletal:
☐ I have had recent falls.
☐ I have had fractures as an adult.
☐ I have new bony pain.
☐ I have new muscle weakness.

Gastrointestinal:
☐ I have heartburn regularly.
☐ I have new vomiting or nausea.
☐ I have difficulty swallowing/hoarseness.
☐ I have diarrhea and/or constipation.
☐ I feel full or bloated soon after meals.
☐ I have had recent weight loss/weight gain.

Neurologic:
☐ I have new headaches.
☐ I have numbness, tingling, or burning in my feet/hands.
☐ I have a new tremor.
☐ I have new or increased fatigue.

Urinary:
☐ I have increased daytime urination.
☐ I have increased nighttime urination.
☐ I have had kidney stones.
☐ I have excessive thirst.

Skin:
☐ I have abnormal excessive hair growth.
☐ I have frequent acne, cysts or boils.
☐ I have intolerance to heat/cold.

Emotional/Psychological:
☐ I have new sadness/depression/anxiety

For men only:
☐ I have had difficulty with erections.
☐ I have low libido.

For women:
Are menstrual cycles regular? Yes/No
Diabetes during pregnancy? Yes/No
Days between menstrual cycles- ____________
Date of last menstrual cycle- _____________

Review of Systems-Complete at each visit.
☐ I have none of the symptoms listed.
☐ I have no NEW medical issues or changes in my family history.
☐ I have had recent hospitalizations or illnesses. If so, where and when? _________________________

PHYSICIAN/CNP
NOTES:
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Diabetes Initial Visit

**** Complete ONLY if you are here for Diabetes****

Name: ____________________________________________
DOB: ____________________________
MRN: ____________________________

1. When was your diabetes diagnosed (year or age)? _________________________
2. What brand glucose meter do you have? _________________________________
3. Have you ever had an EKG? _______ If so, when and where? ________________
4. How often do you check your blood sugars? ______________________________
   a. Do you check at 1-2 hours after meals? ______________________________
   b. What are your average blood sugar ranges: ___________________________
      i. Morning before food: ____________________________________________
      ii. Prior to Lunch: ______________________________________________
      iii. Prior to Dinner: _____________________________________________
      iv. Bedtime: ___________________________________________________
      v. After food: __________________________________________________
5. Do you get low blood sugars? _________________________________________
   a. How low does it have to be for you to feel a low blood sugar? ___________
   b. How often does this occur? ________________________________________
   c. What time of day does this occur? _________________________________
   d. How do you treat your low blood sugars? _____________________________
   e. Have you had a severe low blood sugar requiring assistance from another person or emergency medical services (EMS)? _________________________
6. When was your last eye exam? ________________________________________
   a. Have you ever been told that you had diabetic changes in your eyes? ______
   b. Have you had laser treatment for diabetic changes in your eyes? __________
7. Do you have a podiatrist (foot doctor)? _______ If so, when was the last appointment? ____________________________
8. When was your last dental exam? ______________________________________
   a. Have you ever been told you have gum disease or been sent for a “deep cleaning”? ____________________________
9. When were your last diabetes education classes? __________________________
10. What kind of diet do you follow? ______________________________________
11. Do you know how to count carbohydrates? _______________________________
12. Do you exercise? _____________________
    a. How often? ______________________
    b. What activities? ___________________
13. Have you been hospitalized for your diabetes? __________________________
    a. If so, when was the last time? ________________________________
14. Do you have a medic alert ID? ________________________________________
15. When was your last lab work completed and where or which doctor ordered it? ___________________________________________________________________
16. Immunizations: Flu: Y or N  Pneumonia: Y or N  Tetanus: Y or N  Shingles: Y or N  Hepatitis B: Y or N