



Road to Wellness
P.O. Box 13447
Macon, GA 31208-3447
478-314-2427 or 1-800-648-7563 option 5
Email: wellness@shpg.com
Fax: 478-314-2417

Diabetes Assessment

It is time to complete your assessment for the Road to Wellness Program. Please take time now to answer these few questions and return this form to the address or fax number above. You can also email it to wellness@shpg.com.

NAME: _____ **DATE:** _____

CURRENT PHONE NUMBER: _____

1. Have you had a Microalbumin test done in the last 12 months? Yes No
Date _____ Result _____
2. Have you had a full foot exam by your doctor done in the last 12 months? Yes No
Date _____ Result Normal Abnormal
Do you inspect your feet every day? Yes No
3. Have you had a HgbA1c drawn at least once every 6 months over the last 12 months?
 Yes No Date _____ Result _____
4. Have you had a Fasting Lipid profile drawn at least once over the last 12 months?
 Yes No Date _____ Results: Total Cholesterol _____
LDL _____ HDL _____ Triglycerides _____
5. Do you check your blood sugar daily? Yes No Don't own a glucometer
What was the most recent reading? _____
6. Have you had a dilated eye exam by an ophthalmologist in the last 12 months?
 Yes No Date _____ Result Normal Abnormal
7. Have you ever been told that your diabetes has affected your eyes? Yes No
8. Do you take a daily aspirin? Yes No No MD Order
9. Have you had any changes in your diabetes medications? Yes No If so please list changes

10. Have you achieved your current Diabetes goal? Yes No
11. What goal would you like to achieve for your Diabetes before our next contact?

Thank you for taking the time to complete this questionnaire. We wish you continued success on your Road to Wellness!