

Diabetes Care Form for Berkshire Health Group

As you know, taking steps to manage your diabetes is extremely important.

Please have your Physician sign off that you are up to date on your important medical examinations:

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

- | | <i>Date</i> |
|---|-------------|
| • Annual Foot Exam | _____ |
| • Annual Eye Exam | _____ |
| • Annual lab for fasting blood lipid levels | _____ |
| • Annual lab for urine/protein levels | _____ |
| • 6-month Hemoglobin A1c levels | _____ |

Physician or Endocrinologist: _____ Contact number: _____

Signature of Physician

Send form to: Beth Piantoni at 165 Tor Court, Pittsfield, MA 01201 or Fax at (413) 395-7653 or epiantoni@bhs1.org

Your first \$180 gift card may be received prior to your wellness visit with the nurse, however you will have to complete this visit before any additional payment is presented to you.

This program is available to members of the Berkshire Health Group, self-funded Insurance Group:

- Town of Adams
- Mt. Greylock RSD
- Town of Williamstown
- Berkshire Hills RSD
- Central Berkshire RSD
- Southern Berkshire RSD
- Town of Lenox
- Town of Great Barrington
- Hoosac Valley RSD
- Town of Lanesborough
- No. Berkshire Voc. Tech. RSD

Berkshire Health
Group & You...



Healthy Together