

DIABETES HISTORY FORM

Please complete this form only if you have diabetes. Print and bring to your visit.

Name (First, MI, Last):	Date:	Date of Birth:
What year were you diagnosed with diabetes? How old were you?		
Have you ever had any diabetes related complications? <input type="checkbox"/> High blood pressure? <input type="checkbox"/> Diabetic eye disease or previous laser treatment? <input type="checkbox"/> High cholesterol? <input type="checkbox"/> Nerve problems (numbness/tingling)? <input type="checkbox"/> Heart attack or Chest pain /pressure with walking? <input type="checkbox"/> Kidney problems or protein in your urine? <input type="checkbox"/> Stroke or TIA? <input type="checkbox"/> Foot ulcers or deformities? <input type="checkbox"/> Pain /cramps in lower legs with walking? <input type="checkbox"/> Dental problems or Gum disease? <input type="checkbox"/> Erectile dysfunction? <input type="checkbox"/> Depression?		
Have you ever been hospitalized for uncontrolled blood sugar? When & where?		
What insulin and other medications (names, doses, frequency) do you take for diabetes?		
If you take insulin, what year did you start?		
Do you check your blood sugars at home? (Please always bring your meter to your appointment)		
During the past month, what have your sugars been: Fasting/pre-breakfast sugars: Highest: _____ Lowest: _____ Average: _____ Pre-lunch sugars: Highest: _____ Lowest: _____ Average: _____ Bedtime sugars: Highest: _____ Lowest: _____ Average: _____		
What year did you get your last pneumonia vaccination? _____ If you have not had a pneumonia vaccination: The Centers for Disease Control (CDC) recommends that all people with diabetes receive a pneumonia vaccination to reduce your chance of getting a bacterial pneumonia infection. It protects against 23 types of pneumococcal bacteria. It is recommended once before the age of 65 and once after the age of 65 but not within 5 years of a previous pneumonia vaccination.		
Have you had a flu shot during this flu season (between October and February)? _____ If you have not had a flu shot: A yearly flu shot is recommended to people with diabetes.		
When was your last eye exam? _____ It is recommended that all people with diabetes have a yearly eye exam.		
Do you smoke tobacco? If Yes, how many packs per day?		

Please remember to bring your blood sugar meter and blood sugar record to your appointment. For the week prior to your visit, we request that you check your sugars 4 times a day (before each meal and bedtime) and bring these numbers written down to your appointment.

Please bring all of your medication bottles with you to your visit