

Diabetes Questionnaire (Part 2: To be accomplished by the Attending Physician)

1. Period of time under your observation as a patient? _____
2. If known, please give date diabetes was diagnosed. _____
3. Does the patient regularly report for examination and advice? Yes _____ No _____
How often? _____ Date of last visit _____

4. What are the diet and insulin/oral prescriptions?

DIET		INSULIN		ORAL AGENT	
Carbohydrates _____ gm	Type _____	Kind _____	Tablets/day _____		
Protein _____ gm	Total units/day _____	None? _____			
Fat _____ gm	None? _____				

If diet is not calculated in grams of carbohydrates, protein or fat, or not measured or estimated from appropriate food what diet program is being followed? _____ (Please give details under #8.)

Does the patient disregard your advice concerning the diet, and insulin or oral agent prescriptions, or make changes without prior discussion with you? _____

Has it been necessary to increase the amount of insulin and/or oral agent without a subsequent increase in the diet? _____

5. What levels of blood and urine sugars have been recorded in the past two years?

Blood Sugar _____
Urine Sugar _____

Date _____	_____
Fasting _____	_____
Non-fasting _____	_____

6. Is there evidence or history of: repeated infections _____; elevated blood pressure _____; kidney disease _____; impaired circulation _____; heart disease _____; gain or loss of weight _____; diabetic coma _____; arteriosclerosis _____; retinitis _____; shock, or frequent insulin or hypoglycemic reactions _____; Other illnesses? _____

7. Have any electrocardiogram(s) been made on this patient? _____
If available, we will appreciate your mailing it to us for our review. If not, please include the findings under #8 below.

8. Please make use of this space to amplify your answers above and for any comments you would care to make regarding your patient and your ability to handle his condition. Thank you.

Dated _____ Signed _____, M.D.