

# DIABETES

CLIENT NAME: \_\_\_\_\_

1. Date first diagnosed: \_\_\_\_\_
2. How often does your client visit their physician? : \_\_\_\_\_  
When was the last visit? : \_\_\_\_\_
3. The client's diabetes is controlled by:  
 diet alone  
 oral medication (*medication & doses*) \_\_\_\_\_  
 insulin (*amount & units/day*) \_\_\_\_\_
4. Is client on any other medications?  
 no  
 yes, please give details: \_\_\_\_\_  
\_\_\_\_\_
5. Please give the most recent blood sugar reading: \_\_\_\_\_
6. Does client monitor their own blood sugar? : \_\_\_\_\_
7. If available, please give the most recent glycohemoglobin (BhA1C) or fructosamine level: \_\_\_\_\_
8. Please check if your client has had any of the following:  
 chest pain or coronary artery disease       overweight  
 protein in the urine       elevated lipids  
 neuropathy       kidney disease       retinopathy  
 abnormal ECG       hypertension
9. Does client have any other health issues? :  
 no  
 yes, please give details (another questionnaire may be necessary)