



DIABETES VISIT FORM

Please fill out this form to the best of your ability and bring it with you to your first appointment. A business reply envelope may be provided if there is sufficient time for this form to come back to us prior to your appointment. **Please bring your blood glucose meter, blood glucose log book, and copies of recent lab work to your appointment.**

Occupation _____ Work/School Hours _____

Date and site of previous diabetes education (if any) _____

Diabetes type _____ Date diagnosed _____ Height _____ Weight _____

Medication and Food Allergies

Allergies	Reaction	Initial

Medication List: please list all drugs and supplements you are taking starting with any diabetes drugs

Start Date	Medication Name	Medication Dose	Medication Frequency	Initial	Discontinue Date	Initial



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List any significant surgeries:

Date of Surgery	Type of Surgery

Exercise:

What type of exercise do you do? _____
 How many minutes? _____ How many times a week? _____

Blood Glucose Testing:

Do you have a meter? Yes No What is the name of your meter? _____
 How many times a day to do you test? _____ Do you keep a log of your readings? Yes No

Blood glucose out of control:

How many times a month do you get low blood sugar (hypoglycemia)? _____
 What do you take for low blood sugar? _____
 Do you have a sick day plan? Yes No

Diabetes Standard of Care Questions:

Recent diabetes lab tests:

Please indicate which of the following tests you have had within the last year. If you have copies of recent lab work please bring that with you.

- Microalbuminuria A1c LDL HDL

Which of the following health professionals have you seen within the last year?

- Ophthalmologist Dentist Podiatrist

Do you have a history of any of the following?

- Heart attack Stroke/TIA High Blood Pressure High Cholesterol

Other _____

Do you smoke? Yes No Have you tried quitting within the last six months? Yes No

Is the amount of stress in your life affecting your ability to care for yourself? Yes No



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Food Log: *Write down typical foods and drinks you have during the weekend days.*

Food or Drink	Amount	Comments
Be specific. Instead of "chicken" tell which pieces and how it was cooked.	12-oz can, 1 Slice, 1 cup, etc.	Write things that you think may help the dietitian understand how you eat and why.

List any special concerns you have about your diabetes that you want us to address:

Reviewed by:

RN/RD Signature

Date

Time