

Name: _____ MR#: _____ Date: _____

Filling out this form allows us to focus on special issues if needed during your office visit. Thanks!

1. Has there been any Hospitalization, Surgery, Fracture or Major Illness since the last visit?
 Yes No

2. Have there been any **NEW** School, Family, or Social Problems since the last visit?
 Yes No

3. Any Family members with new onset of diabetes, heart attack, stroke, cancer, thyroid disease, osteoporosis, pituitary or other hormone related problems since your last visit?
 Yes No

4. Have there been any chronic problems (lasting more than two weeks) that have developed since the last visit?

Headaches, dizziness, double or blurred vision, rash or fever	<input type="radio"/> Yes	<input type="radio"/> No
Joint or Muscle Ache, Stiffness, Swelling or Redness	<input type="radio"/> Yes	<input type="radio"/> No
Fast Heart Rate, Sweating, Heat or Cold Intolerance	<input type="radio"/> Yes	<input type="radio"/> No
Chest Pain, Shortness of Breath, Chronic Cough or Wheezing	<input type="radio"/> Yes	<input type="radio"/> No
Diarrhea, vomiting, constipation, fullness, nausea	<input type="radio"/> Yes	<input type="radio"/> No
Frequent Urination, Excessive Thirst, Kidney Stones, Blood in Urine	<input type="radio"/> Yes	<input type="radio"/> No
Puberty Changes	<input type="radio"/> Yes	<input type="radio"/> No
Change in weight	<input type="radio"/> Yes	<input type="radio"/> No
New fatigue	<input type="radio"/> Yes	<input type="radio"/> No
Depression, Nervousness, Stress	<input type="radio"/> Yes	<input type="radio"/> No

5. You usually check your blood sugar level:

<input type="radio"/> Once daily	<input type="radio"/> Twice daily	<input type="radio"/> Three times daily	<input type="radio"/> >3 Times daily
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6. Did you bring your Meter or Record of Glucose Readings to visit? Yes No

7. Breakfast Blood Sugar Level: 80–120 120–140 140–160
 160–180 180–200 200–240 240–280 280–320 >320

8. Lunch Blood Sugar Level: 80–120 120–140 140–160
 160–180 180–200 200–240 240–280 280–320 >320

9. Supper Blood Sugar Level: 80–120 120–140 140–160
 160–180 180–200 200–240 240–280 280–320 >320

10. Bedtime Blood Sugar Level: 80–120 120–140 140–160
 160–180 180–200 200–240 240–280 280–320 >320