Patient Information for Diabetes Appointment

DIABETES DEPARTMENT

*We ask that you take the opportunity to update your information and **bring this form** to your upcoming appointment.*

Please list diabetes medications/insulin and doses **currently** used:

_______________________________________ _______________________________________

_______________________________________ _______________________________________

_______________________________________ _______________________________________

_______________________________________ _______________________________________

_______________________________________ _______________________________________

_______________________________________ _______________________________________

• Most important topic I would like to discuss at diabetes visit:

____

• Any low blood sugar reaction? **If yes, please answer questionnaire on back page.**

____

• **Please mark (X) any changes or concerns noted in these areas:**

____ Chest pain
____ Short of breath
____ Swelling in hands/feet
____ Pain or numbness in feet
____ Urination/Sexual function
____ Stomach/Digestion
____ Bowel movements
____ Depression/Mood
____ Sleep quality

• **Please mark (X) areas of diabetes management you find most difficult or would like more information:**

____ Physical activity/Exercise
____ Taking medication/Insulin
____ Healthy coping skills
____ Covering cost of medication/Supplies
____ Healthy eating
____ Check blood sugar
____ Reduce complication risks
____ Problem solving

Thank you. We look forward to seeing you soon!

Our Mission: We are a comprehensive medical team committed to making a healthy difference in your life. *We specialize in you.*

Hypoglycemia Patient Questionnaire

NAME____ Date:____________________________

1. To what extent can you tell by your symptoms that your blood glucose is LOW?
   _____Never _____Rarely _____Sometimes _____Often _____Always
2. In a typical week, how many times will your blood glucose go below 70 mg/dL?
   _______ times a week
3. When your blood glucose does go below 70 mg/dL, what is the usual reason?
   ____
4. How many times have you had a severe hypoglycemic episode (where you needed someone's help and were unable to treat yourself?
   Since the last visit _____ times
   In the last year ______ times
5. How many times have you had a moderate hypoglycemic episode (where you could not think clearly, properly control your body, had to stop what you are doing, but were still able to treat yourself)?
   Since your last visit ______ times
   In the last year ______ times
6. How often do you carry a snack or glucose tablets (or gel) with you to treat low blood glucose?
   _____Never _____Rarely _____Sometimes _____Often _____Almost always
7. How LOW does your blood glucose need to go before you think you should treat it?
   Less than _____ mg/dL
8. What and how much food or drink do you usually take to treat low blood glucose levels?
   ____
9. Do you check your blood glucose before driving? Check *ONE* of the following:
   Yes, always_____ Yes, sometimes_____ No_____
10. How LOW does your blood glucose need to go before you think you should not drive?
    _____ mg/dL
11. How many times have you had your blood glucose below 70 mg/dL while driving?
    Since last visit _____ times
    In the last year _____ times
12. If you take insulin, do you have a glucagon emergency kit? _____Yes _____No
13. Does a spouse, relative, or other person close to you know how to administer glucagon?
    _____Yes _____No

Comments:____

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