Medical Questionnaire

DIABETES

Description: A chronic life-long disease marked by high level of sugar in the blood.

Age of client: _____

Type of Diabetes diagnosed: ☐ Type I   ☐ Type II

How many years ago was the Diabetes diagnosed: _____

Medication(s) being prescribed (oral meds and/or insulin injections): _____

_____

Average blood sugar level:_____

Last hemoglobin A1C reading: _____

Any hospitalizations for the Diabetes (provide dates and details): _____

_____

Current build: Height _____ft _____ in   Weight _____lbs

Has the client's weight been stable: ☐ Yes   ☐ No

If no, explain: _____
(If client is overweight or underweight, see Obesity/Underweight Questionnaire)

Smoking history:_____
Other contributing conditions or complications (Check all that apply):

☐ Heart condition   ☐ High blood pressure   ☐ Elevated cholesterol

☐ Retinopathy   ☐ Nephropathy   ☐ Neuropathy

☐ Vascular disease

(See other medical questionnaires for those that apply)