

## New Patient Form

### Endocrinology

What type of diabetes do you have? (circle one) \_\_\_\_\_ Type 1 \_\_\_\_\_ Type 2 \_\_\_\_\_ I don't know \_\_\_\_\_

When were you diagnosed with diabetes? \_\_\_\_\_

Have you ever had formal diabetes education classes? \_\_\_\_\_

How often do you check your blood sugars? \_\_\_\_\_

Do you have damage to your eyes from diabetes? \_\_\_\_\_

When was your last eye exam? \_\_\_\_\_

Do you have kidney damage from diabetes? \_\_\_\_\_

Do you have heart disease? \_\_\_\_\_

Have you ever had a heart attack or stroke? \_\_\_\_\_

Do you have any numbness burning or tingling in your toes or feet? \_\_\_\_\_

If yes, when does it bother you the most? \_\_\_\_\_

What makes it better? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

What do you usually drink during the day? \_\_\_\_\_

What do you usually eat for breakfast? \_\_\_\_\_

What do you usually eat for lunch? \_\_\_\_\_

What do you usually eat for supper? \_\_\_\_\_

Have you ever been on any medications for your diabetes other than the ones you are currently on now? \_\_\_\_\_

Do you have any questions or concerns that you want to address in addition to your diabetes management? \_\_\_\_\_