

CENTRAL VALLEY ENDOCRINOLOGY, PC

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DIABETES 1ST VISIT QUESTIONNAIRE

Patient Name _____ Diabetes since _____ (year diagnosed)
Primary Care Physician _____ Date _____

1. How frequently do you check your sugar? _____ day week
What meter do you use? _____

2. What are your blood sugars at:

	<u>RANGE</u>	<u>AVERAGE</u>
BREAKFAST		
LUNCH		
DINNER		
BEDTIME		
AFTER MEALS		

3. Are you taking insulin? Yes No If yes, when was insulin started? _____

4. What is your insulin dose?

	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Bedtime</u>
<u>Long Acting</u> <input type="checkbox"/> NPH <input type="checkbox"/> Lantus <input type="checkbox"/> Levemir <input type="checkbox"/> 70-30 <input type="checkbox"/> Other (list) _____	_____	_____	_____	_____
<u>Short Acting</u> <input type="checkbox"/> Regular <input type="checkbox"/> Humalog <input type="checkbox"/> Novalog <input type="checkbox"/> Apidra	_____	_____	_____	_____

5. How many low blood glucose reactions do you have per week? _____ month? _____
What time of the day are they most likely to occur? _____ AM PM

6. Oral Medications for diabetes: Dose

Metformin (Glucophage or Glucophage XR) _____

Rosaglitazone (Avandia) _____

Pioglitazone (Actos) _____

Avandamet or Actoplusmet	_____
Glucovance	_____
Glipizide (Glucatorol, Glucotrol XL)	_____
Glyburide (Glynase, Micronase, Diabeta)	_____
Amaryl / Glimepride	_____
Prandin / Starlix	_____

7. Diet history:

What do you eat for breakfast?

What snack do you eat before lunch?

What do you eat for lunch? At what time? _____ PM

What snack do you eat before dinner?

What do you eat for dinner?

Have you seen a dietician in the past? Yes No When? _____

8. Last Hemoglobin A1C (Glycohemoglobin) result was _____ / _____ / _____ (date).

9. Last visit with the eye specialist was _____ (date). Any retinopathy? Yes No

10. Other diabetes complications Yes No

Kidney problems Neuropathy Foot ulcer Amputation

Heart attack Heart failure Impotence

Other: _____

Patient Signature

Date

Prem Sahasranam, M.D. (Reviewed with patient)

Date