



Patient Name: _____

DOB: _____

Patients with Diabetes:

How long have you had diabetes/date of diagnosis: _____

Have you had any hospitalizations or emergency room visits for diabetes since your last visit? Yes No

If yes, please explain: _____

Have you had a dental exam in the past year? Yes No Date: _____

Have you had an eye exam in the past year? Yes No Date: _____

Have you received the Pneumococcal vaccine (PPSV23) (Note: this is not a routine vaccine given in childhood, but is recommended for all diabetics)? Yes No Date: _____

Insulin Pump Regimen

Brand name of pump: _____ Model Number: _____ Brand of infusion set: _____

Insulin used in pump (circle one): Novolog | Humalog | Apidra

Please provide your pump to the nurse assistant to download the pump information.

Where do you place your pump site? Arms Legs Hips Stomach Other: _____

Insulin Injection Regimen

Insulin used circle one): Novolog | Humalog | Apidra | Lantus Levemir 70/30 dose: _____

Carb Ratio (meal-time insulin dose): _____

Correction for high blood sugar: _____

Where do you give your shots? Arms Legs Hips Stomach Other: _____

Do you check your blood sugar at school? Yes No

When you are at school, who gives insulin? I give it myself Nurse Teacher/other adult
 I'm not taking insulin at school

How well do you think you are counting carbs? Poorly 1 2 3 4 5 Great



Blood Sugar Meter

Brand name of meter: _____ How many times a day do you check your blood sugar? _____

How many times a week are you having low blood sugars (less than 70)? _____

Have you had a severe low blood sugar that required you to use emergency glucagon since your last visit? Yes No

Are you having high blood sugars (over 250) routinely? Yes No

If yes, when are these happening? _____

Continuous Glucose Monitor (CGM)

Are you using a CGM? Yes No If yes, what is the brand? _____

How often are you using your CGM? _____

Diabetes Self-care

Do you recognize when your blood sugar is low? Yes No

How do you feel when you have a low blood sugar? _____

Are you wearing a medic alert bracelet? Yes No

If you drive, do you check your blood sugar before driving? Yes No

Do you have any questions regarding diabetes or any topics or concerns that you would like to address at this visit?

Do you need any refills on supplies today? Yes No If yes, what supplies do you need?

For patients over 13, are there any issues that you would like to discuss with the provider alone? Yes No