

ROBERT J. GOTTLIEB D.P.M.

DIABETIC QUESTIONNAIRE

PATIENT _____ DATE _____

TYPE I OR TYPE II (PLEASE CIRCLE)

IS YOUR DIABETES UNDER CONTROL? Y N

HOW IS YOUR DIABETES CONTROLLED?

_____ MEDICATION _____ INSULIN _____ DIET

YEAR OF APPROXIMATE ONSET OF DIABETES _____

DO YOU CHECK YOUR GLUCOSE ON A DAILY BASIS _____

APPROXIMATE GLUCOSE READING _____

ANY KNOWN COMPLICATIONS OF YOUR DIABETES?

_____ KIDNEY _____ EYE _____ NEUROLOGIC (NEUROPATHY)

_____ CIRCULATION _____ OTHER

PRIMARY DOCTOR TREATING YOUR DIABETES

_____ DATE LAST SAW M.D. _____