

TO BE COMPLETED BY THE ATTENDING PHYSICIAN

I of 2

Section I. Patient information

1. Last name(s): 2. First name: 3. Middle initial:

4. Date of birth: 5. Gender: Male Female 6. Height: Meters Feet 7. Weight: Kilos Pounds

8. Smoker?: Yes No 9. Cigarettes per day: 10. Since when?: 11. Until when?: 12. Lifestyle: Sedentary Semi-active Active

Section II. Type of illness

1. Diabetes type I 2. Diabetes type II 3. Gestational diabetes

4. Diabetes secondary to other diseases or secondary to drugs (specify):

5. Metabolic syndrome

6. Other diagnosis (specify):

7. DETAILS OF FUNDOSCOPY

8. Date of diagnosis:

9. Frequency of consultations:

Section III. Treatment

1. Dietary control Yes No 2. Modification of lifestyle Yes No

3. ORAL ANTIHYPERGLYCEMIC DRUGS

Yes No 4. Medication: 5. Doses: 6. Frequency:

7. INSULIN

Yes No 8. Insulin type: 9. Doses: 10. Frequency:

Section IV. Has the patient been hospitalized for diabetes or its complications?

1. Yes No 2. Date: 3. Diagnosis:

4. Additional information you can provide regarding risk factors, diseases or consultations with other doctors or specialists:

Section V. Has the patient had any of the following complications?

1. Renal failure	Yes	No	2. Disorders of the retina	Yes	No	3. Cardiac disorders	Yes	No
4. Hypertension	Yes	No	5. Peripheral vascular disease	Yes	No	6. Peripheral neuropathy	Yes	No
7. Skin infections	Yes	No	8. Hypoglycemia	Yes	No	9. Ketoacidosis	Yes	No
						10. Diabetic coma	Yes	No

11. Please explain the affirmative answers:

Section VI. Results of tests performed in the last 6 months

1. Fasting glucose:	2. Glycohemoglobin:	3. Total cholesterol:	4. HDL:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. LDL:	6. Triglycerides:	7. Creatinine:	8. Urine test:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section VII. Attending physician's information

1. Last name(s):	2. First name:	3. Middle initial:
<input type="text"/>	<input type="text"/>	<input type="text"/>
4. Address:	5. Email address:	
<input type="text"/>	<input type="text"/>	
6. Office phone:	7. Cellular phone:	
+ <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	+ <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8. Signature and seal of the professional:	9. Date:	
<input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	