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The Old Line Life Insurance Company of America

Member American General Financial Group

DIABETIC QUESTIONNAIRE (To be completed by Attending Physician)

Name of patient _____ Age _____

Date diagnosed diabetic _____ How long under your care? _____

How frequently are you consulted? _____ Date of last visit _____

Is diet weighed? _____ Measured? _____ Estimated? _____

Present diet: Carbohydrate — grams (*Please underline*) 100 150 200 250 300

How much insulin is taken daily? _____ Hypoglycemic drugs? _____

Has diet or insulin dosage been altered during past year? _____

If so, give details _____

Date last weighed _____ Weight _____

Is the urine sugar free (a) Most of the time? _____ (b) At least once a day? _____

Please record results of blood and urinary sugar estimations during past two years. We are particularly interested in the most recent. (*If other than Folin-Wu method of blood sugar determination used, please indicate method.*)

	Date _____ Blood Urine		Date _____ Blood Urine		Date _____ Blood Urine		Date _____ Blood Urine	
Fasting								
1/2 hour								
1 hour								
2 hours								
3 hours								

Is his cooperation relative to diet and medication and the general management of his disease:

Excellent _____ Average _____ Poor _____

Has patient ever been in coma? _____ Give dates and circumstances. _____

Blood pressure observations: Highest _____ Date _____

Most recent _____ Date _____

Is there a good pulsation in dorsalis pedis arteries? _____

Is there present evidence or history of any:

(a) Eye disorder? _____ (b) Cardiovascular disorder? _____

(c) Pulmonary tuberculosis? _____ (d) Skin or other infections? _____

(e) Neuritis? _____ (f) Operations? _____ (g) Other illnesses? _____

If so, give dates and details. _____

Has patient had an electrocardiogram? _____ Date of last _____

A loan of the tracings would be appreciated. They will be returned promptly.

Has patient had a chest x-ray? _____ Date and result of last _____

Results of any ophthalmoscopic examinations _____ Date of last _____

Additional explanatory remarks:

Date _____

SIGNATURE OF ATTENDING PHYSICIAN