



Magnolia  
ENDOCRINOLOGY

### New Patient Diabetes Questionnaire

**IF YOU HAVE DIABETES, please review and complete the diabetes questionnaire below.**

This questionnaire will allow us to have a better understanding of what we need to do to help you become successful with controlling your diabetes. Thank you for your honest input.

At what age was your diabetes diagnosed? \_\_\_\_\_

Have you seen a diabetes educator?  Yes  No

Have you seen a nutritionist regarding your diabetes?  Yes  No

What type of diabetes do you have?  Type 1  Type 2  Diabetes in pregnancy  Do not know

Do you check your blood sugars at home?  Yes  No

If yes, what is a high reading for you? \_\_\_\_\_

• what is a low reading for you? \_\_\_\_\_

• Do your sugars ever go below 70?  Yes  No

If yes, is this  daily  weekly  monthly  rarely

• Are you aware of when your sugars go low?  Yes  No

• Have you been hospitalized for low blood sugars?  Yes  No

If yes, when \_\_\_\_\_ and where \_\_\_\_\_

Do you know what an A1c is?  Yes  No

Do you know your A1c?  Yes  No If yes what is it? \_\_\_\_\_

Have you ever been hospitalized for high blood sugars?  Yes  No

If yes, when \_\_\_\_\_ and where \_\_\_\_\_

Do you have diabetes related eye problems?  Yes  No Eye Doctor: \_\_\_\_\_

When was your last eye exam? \_\_\_\_\_  Never

Do you have foot problems?  Yes  No Who is your Foot Doctor: \_\_\_\_\_

When did you last give a urine sample for your diabetes? \_\_\_\_\_  Never

Do you have diabetes related kidney problems?  Yes  No

When did you last have a cardiac assessment? \_\_\_\_\_  Never

Do you have heart disease?  Yes  No

Males: Do you have erectile dysfunction?  Yes  No

Do you have any specific issues you would like to address with your physician regarding your diabetes?

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