DIABETES AND OTHER GLUCOSE METABOLISM DISORDERS QUESTIONNAIRE

To be completed by the treating physician
(PLEASE USE BLOCK LETTERS)

Bupa

1. PATIENT'S INFORMATION

Name	Last	First	M.I.
Date of birth	MM/DD/YY		

2. DIAGNOSIS

Please provide details about when the condition was diagnosed.

Date of first symptoms	MM/DD/YY	Date of diagnosis	MM/DD/YY

Tipe of diabetes ☐ Type 1 diabetes(Insulin-dependent) ☐ Type 2 diabetes (No insulin-dependent) ☐ Gestational diabetes

Is the patient under treatment? ☐ Yes ☐ No If "Yes", please provide details.

Diet	Specify type of insuline and units

Oral medication (NAME/DOSAGE)	Combination (EXPLAIN)

Has the patient had any of the following complications? If "Yes", please explain:

Condition		Date of first symptom	Condition		Date of first symptom
Glaucoma	☐ Yes ☐ No	MM/DD/YY	Interminent claudication	☐ Yes ☐ No	MM/DD/YY
Macroangiopathy/ Microangiopathy	☐ Yes ☐ No	MM/DD/YY	Skin disorders (Eruptive xantomathosis, Ulcers, diabetic dermatopathy, Necrobiosis lipoidica etc)	☐ Yes ☐ No	MM/DD/YY
Retinopathy	☐ Yes ☐ No	MM/DD/YY	Heart disease	☐ Yes ☐ No	MM/DD/YY
Neuropathy	☐ Yes ☐ No	MM/DD/YY	Other complications	☐ Yes ☐ No	MM/DD/YY
Nephropathy	☐ Yes ☐ No	MM/DD/YY	Hospital admissions	☐ Yes ☐ No	MM/DD/YY

Please provide the following information:

Date	MM/DD/YY	Height ☐ M ☐ Ft		Weight ☐ Kg ☐ Lb	

Values of blood test results performed within the past 6 months (please include the lab report):

Fasting glucose	Glyco hemoglobin	Total Cholesterol	Triglicerides
LDL	HDL	BUN (Relation Urea/Creatinine)	Creatinine

Specimen test results performed within the past 6 months (please, include the lab report):			
Has the patient undergone any of the following studies? If "Yes", please explain. (PLEASE INCLUDE REPORTS)			
Study		Date	Result
Creatinine clearance	☐ Yes ☐ No	MM/DD/YY	
24-hour proteinuria	☐ Yes ☐ No	MM/DD/YY	
Glucose tolerance	☐ Yes ☐ No	MM/DD/YY	
Microalbuminuria	☐ Yes ☐ No	MM/DD/YY	
Other	☐ Yes ☐ No	MM/DD/YY	

3. TREATING PHYSICIAN'S INFORMATION

Name			
Address			
Telephone		Fax	
E-mail			
Signature		Date	MM/DD/YY