



Diabetes Education Centre
Patient History Sheet

Today's Date: ____ / ____ / ____
 DD MM YYYY

We would appreciate some background information. Please complete this form and **bring it with you** to your appointment.

Demographics:

Last Name: _____ First Name: _____ Middle Name: _____ Gender: ☐ Male ☐ Female

Date of Birth: ____ / ____ / ____ Ontario Health Card Number and Version Code: _____
 DD MM YYYY

Address: _____ City: _____

Postal Code _____ Telephone: Home: _____ Work: _____

Do you live alone? ☐ Yes ☐ No Marital Status: _____ Partner Name: _____

Family Physician Name: _____

Diabetes History:

When were you first told that your blood sugar was too high? _____

Family History:

Do you have any relatives with diabetes? ☐ Yes ☐ No

If yes, please state how related _____

Medical Problems:

Please list any medical conditions you have (or have had) include surgery, allergies.

Self Care:

Tobacco

Do you currently use tobacco? ☐ Yes ☐ No If yes, how many/day _____

Alcohol

Do you drink alcohol? ☐ Yes ☐ No If yes, what and how often _____

Employment Status

Job Status: ☐ Full Time ☐ Part Time ☐ Retired ☐ Student ☐ Unemployed
Occupation: _____
Current Shifts: ☐ Days ☐ Afternoons ☐ Evening ☐ Nights ☐ Rotate

Job Activity Level: ☐ Active ☐ Moderately Active ☐ Inactive

Medications For Diabetes:

☐ None ☐ Diabetic Pill Only ☐ Insulin Only ☐ Insulin and Diabetic Pill

Insulin Delivery

☐ Pen
☐ Syringe
☐ Pump

Medication For Diabetes	Date Started	Morning Dose	Midday Dose	Evening Dose	Bedtime Dose	Note

Other Current Medication

Name of Medication (Brand Name)	Dose	Frequency	Start	Reason for Medication or Medical Problem

Do you have a Drug Plan/Seniors' Benefits?

☐ Yes

☐ No

Exercise:

Activity Level

☐ Active

☐ Moderately Active

☐ Inactive

Please list your physical activities.

Education History:

Education Level: ☐ Elementary

☐ High School

☐ College

☐ University

☐ Other

Please list any questions or worries you have about your diabetes.

I understand that the information provided will be confidential and that I will not be personally identified in any of your analysis or reports.

Date: / /
 DD MM YYYY

Signature

PLEASE BRING COMPLETED FORM TO YOUR APPOINTMENT.

Updated October 5, 2011
