Diabetes Education Centre

Patient History Sheet

Today's Date:_____

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:**_____

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

Family Physician Name:_____

Diabetes History:

When were you first diagnosed with Diabetes?_____

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:

Insulin Delivery
- ○ Pen
- ○ Syringe
- ○ Pump

○ None ○ Diabetes Pill Only ○ Insulin Only ○ Insulin and Diabetes Pill

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 concerns 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: _____

_____
Signature

PLEASE BRING COMPLETED FORM TO YOUR APPOINTMENT.

Updated October 2017