



**HISTORY OF DIABETES**

**Date of diagnosis?**

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**Is it classified as Type I or Type II?**

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**What is your current A1c score? Has it been consistent over the past 12 months?**

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**What medications and dosages are you taking? How long have the meds at the current dosages been stable? If insulin dependent, how many units of insulin are you using per day (average if not consistent)?**

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**Have you had any history of neuropathy, retinopathy, bypass, stent and/or hypertension?**

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**Have you used any tobacco products in the past 5 years? If so, when was the last use?**

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**Have you had any history of kidney problems, kidney disease, peripheral vascular disease, stroke, CVA, TIA and/or arrhythmia?**

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**Any additional concerns and/or information you can provide regarding this history?**

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