

# QUESTIONNAIRE No 5 « DIABETES »

To be filled in by the family doctor upon the patient's request  
as a complement of information for the Medical Advisor.

Insured person's Surname and Name.

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Date of birth.

.....

Height .....: Weight :.....

B.P. : .....

1. When was the diabetes first diagnosed ? .....
2. Is it an insulin, a non insulin dependant, a dormant diabetes or is it an intolerance to glucose ? .....
3. Date of the patient's first consultation : .....
4. Results of blood and urine analysis of that time :
  - glycemia : .....
  - glycosuria : .....
  - albuminuria : .....
  - acetonuria : .....
5. What was the first treatment prescribed :
  - Diet.
  - insulin (posology) : .....
  - oral diabetes medication (name and posology) : .....
6. Since the beginning of your illness, have any other illnesses been discovered:      Yes       No   
If so, please specify:
  - hypercholesteremia, hypertriglyceridemia .....
  - arterial hypertension. ....
  - cardiac and/or blood vascular system disorders (arteriopathy). ....
  - cerebro vascular disorders .....
  - neuropathy .....
  - nephropathy. ....
  - retinopathy. ....
  - Ketoacidosis

