

## 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.  
.....

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:

hypercholesterolemia, hypertriglyceridemia .....

arterial hypertension. .....

cardiac and/or blood vascular system disorders (arteriopathy). .....

cerebro vascular disorders .....

neuropathy .....

nephropathy. .....

retinopathy. .....

Ketoacidosis

7. Frequency of the consultations ? : .....

8. Date of the last consultation, results? : .....

- Blood pressure :

- ECG :

- glycemia on an empty stomach :

- glycosylated haemoglobin

- albuminuria :

- Eyeground examination : .....

- others

9. Specify the present treatment (name of the medication, posology) : .....

10. Weight loss or gain during the last 12 months? .....

11. Have any sick leaves been prescribed ? Yes  No

if so, indicate the dates and duration of each period of sick leave :

12. Have any hospitalisations been prescribed ... Yes  .....No

Dates and duration :

13. Has the patient ever been in a diabetic coma Yes  .....No

14. Is the patient a smoker? Yes  No

15. Any other comments : .....

Date :

Signature and doctor's stamp.