

DIABETES QUESTIONNAIRE
(To be completed by Attending Physician)

Name of Proposer : _____
I.C. No. : _____ Age : _____ Sex : Male Female

1. Date Diabetes was first diagnosed and/or recorded.

Date : _____ Name of Doctor/Clinic : _____

2. Is the Proposer currently taking Insulin?

YES NO (If YES, please complete the details below)

No. of Units per day : Plain (Soluble) _____
Protamine Zinc or Ultra-Lente _____

If Oral Medications are given, please state (i) Type _____
(ii) Dosage _____

3. Has the Proposer's intake of Insulin or Oral Medications varied/changed over the last 3 years? YES NO

If YES, please state previous statement by :

(i) Type : _____ (ii) Dosage : _____

4. Has the Proposer, since treatment began, stopped taking Insulin or reverted to an unrestricted diet? YES NO

If YES, please state reasons :

5. Has the Proposer had any ECG or Chest X-Ray taken? YES NO

If YES, please state :

Dates : _____

Results : _____

6. Has the Proposer had any Insulin or Diabetic Coma? YES NO
If YES, please state details :

7. Is the Proposer suffering from any complications of Diabetes or any other known impairment? YES NO
If YES, please state details :

8. Is the Proposer's urine sugar-free? Yes No
9. Do you consider the Proposer as Uncooperative Reasonably Cooperative
 Very Cooperative
10. Does the Proposer control his/her diabetic condition : Poorly? Reasonably Well? Well?
11. Does the Proposer follow a strict Diet? Yes No

This Report has been prepared by :

Name of Doctor : _____

Signature : _____

Clinic Rubber Stamp : _____

Date : _____

Note: All expenses incurred in the completion of this Questionnaire have to be borne by the Proposer.