

Agent: _____

Client: _____

DOB: _____ Sex: _____

Height _____ Weight _____

DIABETES

Type 1 or 2: _____

Date when first diagnosed: _____

How often does your client visit their physician (date of last visit)

Amount of Insulin (Units per day) _____

Oral Medication: _____

Most recent blood sugar reading: _____

Does your client monitor their own blood sugar? _____

Most recent A1c or fructosamine level: _____

Any history of:

- Neuropathy
- Retinopathy
- Kidney Disease
- Elevated Lipids

Medications (Please include amounts)

Does Your Client Have Any Other Major Medical Problems?

