

**NORTH TEXAS DIABETES & ENDOCRINOLOGY**

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**DIABETES FOLLOW-UP QUESTIONNAIRE**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

1. DO YOU HAVE NEW PROBLEMS THAT HAVE DEVELOPED SINCE YOUR LAST VISIT? YES OR NO  
IF YES, PLEASE LIST \_\_\_\_\_

2. WHAT ARE YOUR BLOOD SUGARS/ GLUCOSE VALUES?

	<u>RANGE</u>	<u>AVERAGE</u>
BREAKFAST		
LUNCH		
DINNER		
BEDTIME		
AFTER MEALS		

3. WHAT IS YOUR INSULIN DOSE AT (Circle your insulin type and write the dose):

	Breakfast	Lunch	Dinner	Bedtime
<b>Long Acting</b> (Please Circle) NPH/ Lantus/ Levemir 70-30 / Novolog 70-30 Other (list)				
<b>Short Acting</b> (Please Circle) Regular/ Humalog Novalog/ Apidra				

4. HOW MANY LOW BLOOD SUGARS DO YOU HAVE PER WEEK? \_\_\_\_\_  
(B) AT TIME OF DAY ARE THEY MOST LIKELY TO OCCUR? \_\_\_\_\_

5. OTHERMEDICATIONS FOR DIABETES:

DOSE

- METFORMIN(GLUCOPHAGE or GLUCOPHAGE XR) \_\_\_\_\_
- ROSAGLITAZONE (AVANDIA) \_\_\_\_\_
- PIOGLITAZONE (ACTOS) \_\_\_\_\_
- AVANDAMET or ACTOPLUSMET \_\_\_\_\_
- GLUCOVANCE \_\_\_\_\_
- GLIPIZIDE (GLUCATROL, GLUCOTROL XL) \_\_\_\_\_
- GLYBURIDE (GLYNASE, MICRONASE, DIABETA) \_\_\_\_\_
- AMARYL / GLIMEPRIDE \_\_\_\_\_
- PRANDIN/STARLIX \_\_\_\_\_
- Byetta / Januvia \_\_\_\_\_

**INSULIN PUMP SETTINGS** (Which insulin: .....):

Basal Rates: \_\_\_\_\_

Carbohydrate or Meal Bolus: \_\_\_\_\_

Correction Bolus (Sensitivity Factor): \_\_\_\_\_