

CLAIMANT:  
CASE NUMBER:  
DEA:

### DIABETES QUESTIONNAIRE

1. Please include treatment notes, and lab tests  
from \_\_\_\_\_ to \_\_\_\_\_
2. Diagnosis \_\_\_\_\_
3. Date of onset of symptoms. \_\_\_\_\_
4. Height \_\_\_\_\_ Weight \_\_\_\_\_ Date \_\_\_\_\_
5. Date and results of the latest blood sugar evaluation and glucohemoglobin (HbA/C)  
\_\_\_\_\_
6. If acidosis has occurred on the average of at least once every two months, please  
indicate blood chemical test (PH or PCO2 or bicarbonate levels) and the dates  
performed. \_\_\_\_\_
7. If the patient has sustained an amputation due to diabetic necrosis or peripheral  
vascular disease, please describe and indicate the date of the amputation.  
\_\_\_\_\_  
\_\_\_\_\_
8. If present, please describe any visual abnormalities due to diabetes. \_\_\_\_\_
9. Is there any evidence of neuropathy? If so, please describe. Is an assistive device  
medically required for ambulation? When was it prescribed? \_\_\_\_\_
10. Is the Diabetes under satisfactory control?  Yes  No
11. Please describe compliance and response to treatment. \_\_\_\_\_
12. Please indicate any other observable conditions or pertinent clinical findings that  
might affect the patient's functional abilities. \_\_\_\_\_
13. Date first seen: \_\_\_\_\_ Date last seen: \_\_\_\_\_ Frequency of visits: \_\_\_\_\_

Thank you for your cooperation.

Physicians Signature \_\_\_\_\_ Print or type name \_\_\_\_\_  
Date \_\_\_\_\_  
Phone Number \_\_\_\_\_ Best time to call \_\_\_\_\_