**HELP YOUR DIABETES**

**NEW PATIENT APPLICATION**

*(PLEASE PRINT)*

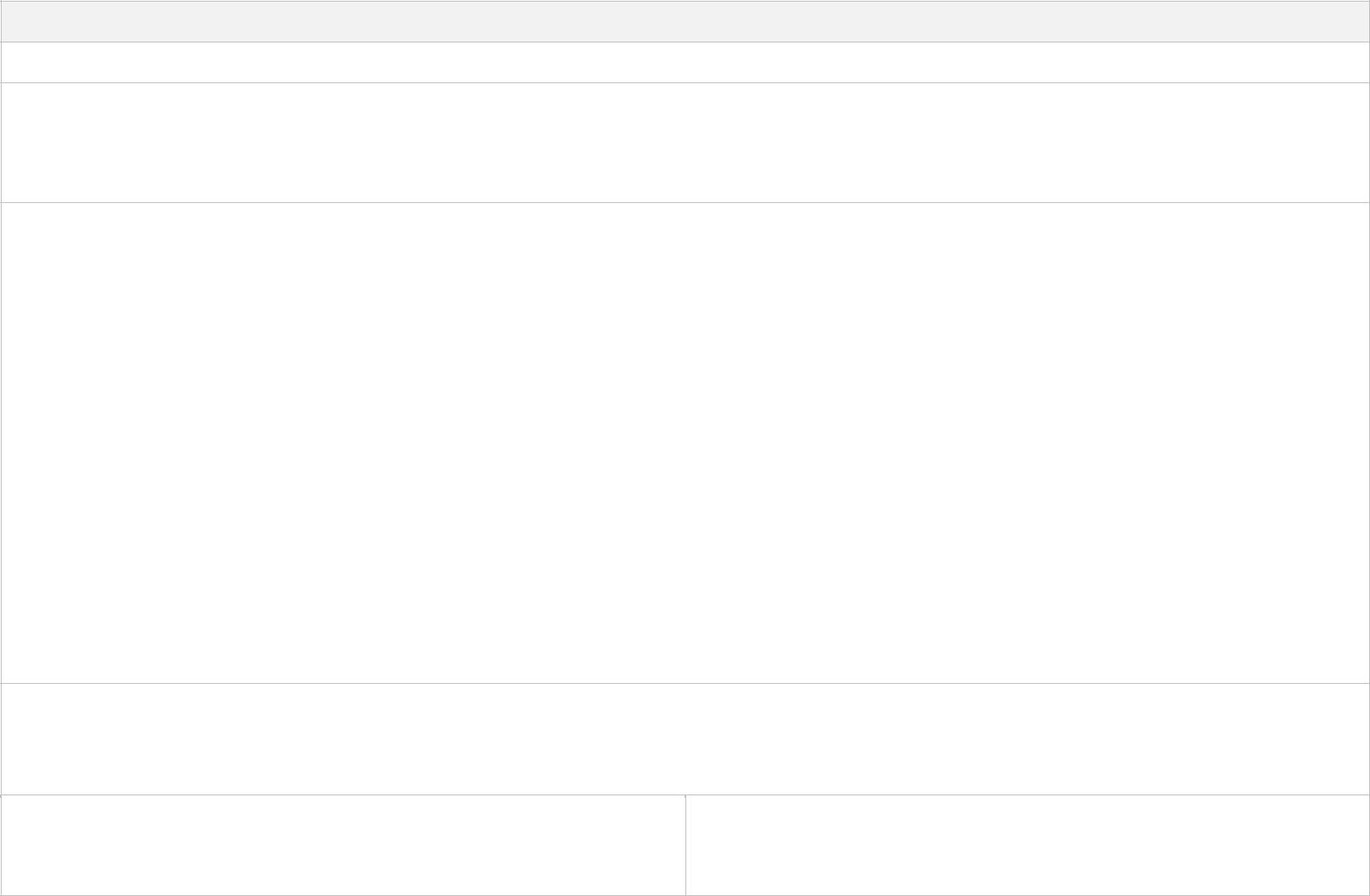
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Today’s date: | |  |  |  |  |  |  |  |  |  | Wellness Coordinator: | | | | |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **PATIENT INFORMATION** | | | | | |  |  |  |  |  |  |  |  |  |  |  |
| Last Name: | |  |  |  |  |  | First: |  |  |  | q Mr. |  | q Miss | |  | Marital status (circle one) | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | q Mrs. |  | q \_\_\_\_\_ | |  | Single / Mar / Div / Sep / Wid | | | | | |  |  |
|  |  |  |  |  | |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |
| Height: | | Weight: |  | Home Phone #: | | |  | Mobile Phone #: | | |  |  |  | Birth date: | | | |  | Age: |  | Sex: |  |  |
|  |  |  |  | ( | ) |  |  | ( | ) | |  |  |  | / | |  |  | / |  |  | q M | q F |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| Street address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  | Spouse’s Name: | | | | |  |  |  |
|  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City: | |  |  |  |  | State: | Zip Code: | Email: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |  |  |  |
| Occupation: | |  |  |  |  | Employer: | |  |  |  |  |  |  |  |  | Length of Employment | | | | |  |  |  |
|  | | | | | |  |  |  |  |  |  | |  | |  |  |  |  | | |  |  |  |
| Referred to *HYD* by (please check one box): | | | | | | | q Newspaper |  |  | q Radio | q Postcard | | q TV | | |  |  | q Free Booklet | | |  |  |  |
| q Facebook | | q Friend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | q Internet Search | | | |  |  |  | q Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |  |
| q Signage on Building | | | q Received Phone Call | | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



Do you know someone who’s been through the



HYD Program?



**DIABETES HISTORY**

(Please give your lab work to your Wellness Coordinator, if you have it with you)

When were you diagnosed with Type 2 Diabetes? Month / Year

q Blurred Vision (retinopathy)

q Neuropathy (tingling, numbness, burning pain, Restless Leg Syndrome)

q Increased Urination

Diabetic Symptoms (list all) q Low Sex Drive

q High Blood Pressure

q Lack of Energy

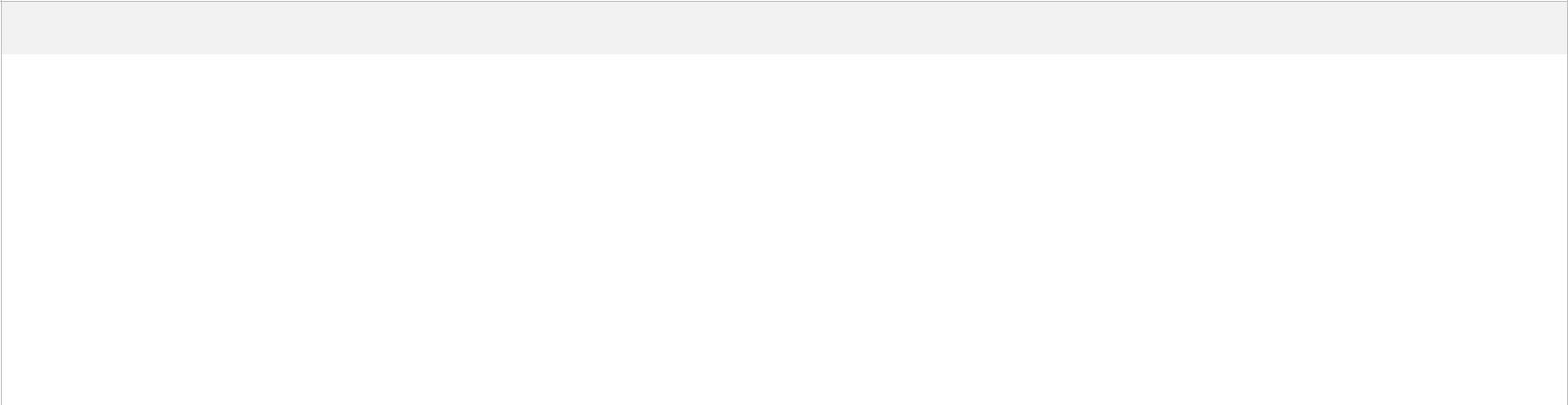
q Difficulty Sleeping

|  |  |
| --- | --- |
| How often do you have symptoms? | When did your symptoms start? |
|  |  |
| Do you feel like your current treatments are helping your Diabetes? q Yes | q No |
|  |  |
| Why do you want to Reverse Your Diabetes? |  |

On a Scale of 1 to 10 (10 being the highest motivation) how motivated are you to reverse your diabetes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you understand that you will have to make some lifestyle changes to reverse your diabetes? q Yes q No

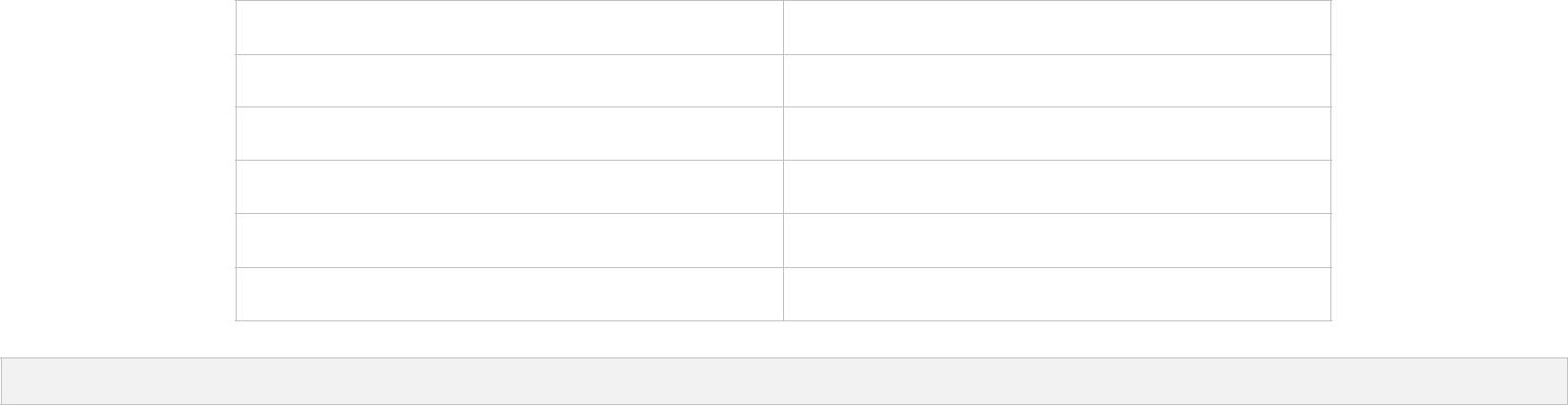
Are you willing to make some lifestyle changes? q Yes q No

**BLOOD SUGAR**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Blood Sugar **WITHOUT** Medications | | | | | |  | Blood Sugar **WITH** Medication | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| HIGHEST |  |  |  |  |  |  | HIGHEST | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LOWEST |  |  |  |  |  |  | LOWEST | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | |  | |
| **Last A1C:** |  |  |  |  | **Last Fasting Blood Sugar:** | |  |  | **Last Blood Pressure**: | | | | |
| Date Taken: |  |  |  |  | Date Taken: | |  |  | Date Taken: | | | | |
|  | | | | | | |  |  |  |  | | | |
| **Do You Check Your Blood Sugar?** | | | | |  | |  |  |  | q **Explained To Patient To Purchase** | | | |
|  |  |  |  |  | q **Explained To Patient To Check BS Daily** | | | |  | **Glucose Monitor Because They** | | | |
| **\_\_\_\_\_ Day \_\_\_\_\_Week** | q **Never Check** | | | |  | |  |  |  | **Don’t Have One** | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |



**MEDICATIONS**



**MEDICAL AND SOCIAL HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surgeries / Hospitalizations** | **Date** | **Trauma** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Past / Recent Illness** | **Date** | **Allergies** | **Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |



Which of these common diabetic complications concerns you the most?

q Blurred Vision that can lead to blindness

q Kidney stress that can lead to dialysis

q High Blood Pressure that can lead to heart attack or stroke q Neuropathy that can lead to amputations

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | # of Children? | |  |  |  |  |  |  | # of Grand Children? | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Alcohol | Y | / | N |  |  |  |  | Drinks per week | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Tobacco | Y | / | N |  |  |  |  | Packs per day | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Caffeine | Y | / | N |  |  |  |  | Cups per day | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  | | |  |  | |  |  |
|  | **Patient Signature** | |  |  |  | **Date of Consultation** | | |  | ***HYD* Doctor Approval for Program** | | |  | **Date** | |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

