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Dr.Trülzsch
diabetologie
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Dear Patient,

Welcome in our medical practice. Please provide some information about you and any medical conditions you may have by filling out the questionnaire.

Last Name:..... First Name:..... Date of Birth:.....

Profession:..... Weight:..... Height:.....

Address:.....

Telephone:..... E-mail:.....

Person to be contacted in case of an emergency: .....

Phone number of the contact person:.....

My current medical problem is the following:.....

Please indicate if you are suffering from any of the following:

- HEART ATTACK - STROKE - HIGH BLOOD PRESSURE - GASTROINTESTINAL DISEASE
- CANCER (if yes which).....
- ALLERGIES (if yes which).....
- OTHER DISEASES (if yes which).....
- DIABETES MELLITUS - if yes, **please also complete the back side** -

Vaccination status? - UP TO DATE - CONSULTATION NEEDED

Smoker? (If yes, how many cigarettes per day?).....

Alcohol consumption? (how much per day).....

Inpatient hospital treatment within the last two years? (please indicate when, where and why).....

.....

My current medication:.....

.....

Date:..... **Signature:**.....

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Only to be completed by patients suffering from **DIABETES MELLITUS**!

Name and address of my general practitioner, GP (Hausarzt):.....

.....

Diabetes education seminar in the past two years? .....

Are you signed into the Diabetes DMP (Disease Management program) with your GP?

▪ YES ▪ NO ▪ DON'T KNOW

Diabetes since? .....

My last HbA1c: ..... %

Family members suffering from Diabetes:.....

.....

I am taking the following medication for my Diabetes:

Metformin: ▪ YES ▪ NO

Insulin: ▪ YES (please indicate which insulin)..... ▪ NO

Others:.....

Do you suffer from hypoglycaemia? (how often?).....

Do you have a foot condition (i.e. wounds)?.....

In case you have suffered a heart attack or stroke, when did it occur?.....

.....

Date:..... **Signature:**.....

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