

DIABETES MELLITUS

Client's Name _____

1. Date diagnosed? _____

2. Type of medication and dosage: _____

3. Has your client ever been hospitalized for diabetes? yes no

When? _____ Duration? _____

4. When last seen by the doctor? _____ How often are the visit? _____

5. Does your client have glycohemoglobin or hemoglobin A1C tests done? yes no

What was the most recent A1C reading? _____

Does your client tests his own sugar? yes no

Does your client know the most recent result? yes no When? _____

Date of last blood glucose level _____ Result _____

Is your client and the doctor pleased with the control? yes no

6. Has your client had any kidney problems? yes no

Any protein in the urine? yes no

7. Has your client have any problem with his eyes? yes no

Any treatment? yes no When? _____

(2)

8. Any high blood pressure? yes no When? _____

9. Any "heart trouble"? yes no When? _____

10. Any neurological symptom, loss of feeling in feet? yes no

Agents name:

Agents Tell #

Agent Fax #

Date Submitted:

Agents e-mail address:

PLEASE FAX BACK TO BEST MARKETING USA AT: 1-781-643-2775