

Western Canadian Insulin Pump Centre

410-1033 Dave Street
Vancouver, BC V6E 1M7

Please complete this questionnaire and return it prior to your next visit

By Fax: **604 602-9008** or Email: marinac@insulinpumpcentre.com

NAME: _____ **D.O.B.** _____

1. Number of years that you have had diabetes: _____

2. Current diabetes treatment

Diabetes Medication List		
INSULIN	DOSAGE	TIME
Fast-acting (<i>please circle</i>) Human / NovoRapid / Humalog / Apidra		
NPH		
Premixed 30/70		
Long-acting (<i>please circle</i>) Levemir / Lantus		
Pump: Basal Rates & Times		
OTHER INJECTIONS	DOSAGE	TIME
Victoza		
Byetta		
ORAL MEDICATIONS	DOSAGE	FREQUENCY
Metformin		
Glyburide / Diamicron (<i>please circle one</i>)		
Actos		
Januvia		
Acarbose		
Avandamet		

3. Name of your eye doctor: _____

a) Have you had:

i) cataracts	Yes	No	L ____ R ____
ii) cataract surgery	Yes	No	
iii) laser surgery	Yes	No	

b) Please ask your eye doctor to send his most recent consultation.

4. Has there been any history of:

a) heart attack	Yes	No	date _____
b) bypass surgery	Yes	No	date _____
c) any change in exercise tolerance	Yes	No	
d) any change in exercise related chest discomfort	Yes	No	
e) any swelling of the ankles	Yes	No	
f) any detailed cardiac test:			
i) exercise test	Yes	No	
ii) exercise MIBI	Yes	No	
iii) angiogram	Yes	No	

5. Has there been any calf pain that makes you stop walking? Yes No

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6. Has there been any numbness or tingling of the hands and feet? Yes No

7. For males:

a) has there been any change in sexual function? Yes No

b) how would you rate erectile function? (0 = none, 10 = optimal)

0 1 2 3 4 5 6 7 8 9 10

8. Have you had any hypoglycemia requiring external help? Yes No

If so, how frequent? _____

9. Please list all other medications and dosages.

MEDS	DOSAGE

11. Have there been any non-diabetic health issues? Yes No

12. Please have your family doctor complete the following: *Completed on: date* _____

a) weight _____

b) blood pressure _____

c) any carotid, aortic or femoral bruits Yes No

d) any diminished foot pulses Yes No

e) any abnormal cardiac sounds and murmurs Yes No

f) any feet monofilament sensation defect Yes No

g) any foot ulcers Yes No

13. Please make sure your lab work has been completed.