

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 _____