

Please keep in mind, that we need a new „Überweisungsschein“ (Transfer form from your family doctor) every new quartile

## Diabetes-Anamnese-Bogen

Given name / Family Name: \_\_\_\_\_

date of birth: \_\_\_\_\_

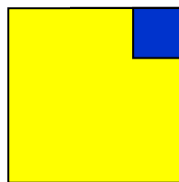
eMail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Family doctor: \_\_\_\_\_

Height (m) ..... weight (kg) .....

### Diabetologische Schwerpunktpraxis



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Fachärzte für Innere Medizin  
Diabetologen

#### Do you smoke?

yes, how much per day? \_\_\_\_\_  No

if yes, at what age did you start smoking? \_\_\_\_\_

#### Do you drink alcohol?

Yes, how much and what \_\_\_\_\_  No

Do you know your type of diabetes? (please tick)

Type-1-diabetes („juvenile diabetes“)

Type-2-diabetes („adult-onset diabetes“)

when was the diagnosis made? \_\_\_\_\_

Do you have a diabetes pass?  no  yes

Do you participate in the DMP diabetes?  no  yes

Are you enrolled in the general practitioner contract HZV?  no  yes

Have you previously taken part in a diabetes training course?  no  yes

Do you measure blood sugar?  no  yes name of the measuring device \_\_\_\_\_

Have you previously attended blood pressure training?  no  yes

Last ophthalmologist visit \_\_\_\_\_ degree of disability \_\_\_\_\_

#### Do you suffer from?

arterial hypertension

high cholesterol

heart attack

stroke

circulatory disorders

tumor disease

foot problems / foot wound

nervous disorder / neuropathy

kidney problems

bladder or prostate disorder

cholesterol

Allergies Yes  No  , if yes, which: \_\_\_\_\_

other diseases or preconditions: \_\_\_\_\_

#### Medication (Dose) ?

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Medication allergies? Yes  No  if yes, which: \_\_\_\_\_

#### Ist this precondition in your family?

arterial hypertension

high cholesterol

Gout

heart attack

Stroke

diabetes

