

GUPTA MEDICAL SPECIALISTS

NEW PATIENT INFORMATION FORM -DIABETES

 $Please\ print\ all\ information.\ Thank\ you\ for\ your\ cooperation.$

Patient Name:	
Date of Birth: Soci	al Security #
Address:	
City:	
State: Zip C	ode:
Phone (home):Work	:/Cell:
Employer:	
Marital Status: Single Married Divorce	d Widowed
Email Address:	
Is it ok to mail correspondence such as reminders an	d letters to you?YesNo
Referring Physician or Referral Source:	
Primary Care Physician:	
Do you want your medical records sent to this praction	
Insurance Plan:	
Group Number: Policy	
Issue Date:	
Secondary Insurance Plan:	
Group Number: Policy	Number:
Issue Date:	
Thank you for taking the time to complete our intake forms	. Please sign & date (below)
	
Patient's Signature	Today's Date

HISTORY OF PRESENT ILLI	NESS
Age: Male Female Diabetes: Type I Type	e II
When were you diagnosed with diabetes?	
How were you diagnosed?	
Have you ever been hospitalized for diabetes? No Yes If yes ketoacidosis, hyperosmolar state)	·
What type of glucometer do you use?	
How many times a day do you check your sugar?	
How many meals a day do you eat? How many	y snacks?
What are you average sugars at:	
Breakfast: Lunch: Dinner: Bedi	time:
Have you ever had a hypoglycemic(low sugar level) episode reqto recover?	
How many times do you urinate at night?	
Do you exercise and if so for how many minutes and how many	days a week?
What is the most you have weighed?	
What do you think your ideal weight is	
When was your last appointment with the eye doctor? Do you have any evidence of diabetes in your eyes (retinopa	thy)?
Do you have tingling and numbness in your feet (diabetic neuro	pathy)?
Will Ho	then were you diagnosed with diabetes?

Past Medical History:

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	No Medical History	COPD	Kidney Disease	Seizures	
	Please circle all that apply	Emphysema	Stroke/CVA	Osteoarthritis	
	Hypertension	Obstructive Sleep Apnea	Headaches/Migraines	Rheumatoid Arthritis	
	Congestive Heart Failure	Hepatitis	Anemia	Gout	
	Abnormal Heart Rhythm	Diabetes Type 1 2	Lupus	Endometriosis	
	Heart Disease, CAD	Hypothyroidism	Reflux	Cancer (specify type)	
	Peripheral Vascular Dz	Hyperthyroidism	Irritable Bowel		
	Blood Clots /DVT	Enlarged Prostate/BPH	Anxiety	Other	-
	High Cholesterol	Osteoporosis	Depression		

Past Surgical History:

No Surgical His	story	Tonsil	Eye	Hip Replacement
Please circle al	ll that apply	Thyroid	Ear	Knee Surgery
Heart Bypass		Appendix	Prostate	Neck Surgery- Fusion
Heart Pacemak	er	Gallbladder	Kidney	Back Surgery-Fusion
Angioplasty	Stent	Gastric Bypass	Bladder	Other
Brain Lung		Hysterectomy	Hernia	
Lung		C-Section	Shoulder - Rotator Cuff	

Family History:

Relative	Age/Living	Health Problems
Father		
Mother		
Brother		
Sister		

Allergies (to medications and food)

Medications:

(please include all herbal supplements and/or vitamins)

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	SOCIAL HISTORY	
1. Current work status	Occupation:	
2. Marital Status: Single M	arried Divorced Widowed	
3. Number of Children:		
4. I live: Alone With:	I live in a: House Apartmen	nt Nursing Facility
	Yes How old were you when you began When did you quit smoki	
6. Do you drink any alcoholic bever 1 2 3 4 5 6 0	rages: (check one) No Yes drinks daily weekly monthly social us	e only
7. Have you ever had a problem with	h drug dependence? Yes No	
8 Please write any additional inforr	nation that you feel is important for us to k	ทดพ
Do you curre	REVIEW OF SYTEMS ently have any of the following medic	al symptoms?
·	ently have any of the following medic	•
General	ently have any of the following medic Respiratory	Musculoskeletal
General O Unexplained weight loss	ently have any of the following medic Respiratory Morning cough	Musculoskeletal o Joint pains
General O Unexplained weight loss Appetite change	Respiratory Morning cough Shortness of breath	Musculoskeletal Joint painsJoint swelling
General O Unexplained weight loss O Appetite change O Fevers or chills	Respiratory Morning cough Shortness of breath Productive cough or sputum	Musculoskeletal Joint painsJoint swellingNumbness in feet/hands
General O Unexplained weight loss O Appetite change O Fevers or chills O Night sweats	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness
General O Unexplained weight loss O Appetite change O Fevers or chills O Night sweats O Marked fatigue	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary
General O Unexplained weight loss O Appetite change O Fevers or chills O Night sweats O Marked fatigue	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary
General O Unexplained weight loss O Appetite change O Fevers or chills O Night sweats O Marked fatigue O Difficulty sleeping	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting Stomach pain or ulcers	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary Burning on urination
General O Unexplained weight loss O Appetite change O Fevers or chills O Night sweats O Marked fatigue O Difficulty sleeping Eyes O Glasses O Change in vision	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting Stomach pain or ulcers Heart burn Diarrhea Constipation	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary Burning on urination Incontinence Pelvic pain Impotence
General O Unexplained weight loss O Appetite change O Fevers or chills O Night sweats O Marked fatigue O Difficulty sleeping Eyes O Glasses O Change in vision O Double vision	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting Stomach pain or ulcers Heart burn Diarrhea Constipation Uncontrolled loss of stool	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary Burning on urination Incontinence Pelvic pain Impotence Abnormal Bleeding
General O Unexplained weight loss O Appetite change O Fevers or chills O Night sweats O Marked fatigue O Difficulty sleeping Eyes O Glasses O Change in vision O Double vision Ear, Nose, Throat	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting Stomach pain or ulcers Heart burn Diarrhea Constipation Uncontrolled loss of stool Blood in stools	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary Burning on urination Incontinence Pelvic pain Impotence Abnormal Bleeding Psychiatric
General Unexplained weight loss Appetite change Fevers or chills Night sweats Marked fatigue Difficulty sleeping Eyes Glasses Change in vision Double vision Ear, Nose, Throat Difficulty swallowing	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting Stomach pain or ulcers Heart burn Diarrhea Constipation Uncontrolled loss of stool Blood in stools Skin	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary Burning on urination Incontinence Pelvic pain Impotence Abnormal Bleeding Psychiatric Depression
General Unexplained weight loss Appetite change Fevers or chills Night sweats Marked fatigue Difficulty sleeping Eyes Glasses Change in vision Double vision Ear, Nose, Throat Difficulty swallowing Hoarseness	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting Stomach pain or ulcers Heart burn Diarrhea Constipation Uncontrolled loss of stool Blood in stools Skin Rashes	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary Burning on urination Incontinence Pelvic pain Impotence Abnormal Bleeding Psychiatric Depression Anxiety
General Unexplained weight loss Appetite change Fevers or chills Night sweats Marked fatigue Difficulty sleeping Eyes Glasses Change in vision Double vision Ear, Nose, Throat Difficulty swallowing Hoarseness Loss of hearing	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting Stomach pain or ulcers Heart burn Diarrhea Constipation Uncontrolled loss of stool Blood in stools Skin Rashes Itchiness	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary Burning on urination Incontinence Pelvic pain Impotence Abnormal Bleeding Psychiatric Depression Anxiety Paranoia
General Unexplained weight loss Appetite change Fevers or chills Night sweats Marked fatigue Difficulty sleeping Eyes Glasses Change in vision Double vision Ear, Nose, Throat Difficulty swallowing Hoarseness Loss of hearing Ear pain	Respiratory Morning cough Shortness of breath Productive cough or sputum Digestive Nausea or vomiting Stomach pain or ulcers Heart burn Diarrhea Constipation Uncontrolled loss of stool Blood in stools Skin Rashes Itchiness Easy bruising	Musculoskeletal Joint pains Joint swelling Numbness in feet/hands Muscle weakness Genitourinary Burning on urination Incontinence Pelvic pain Impotence Abnormal Bleeding Psychiatric Depression Anxiety
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o Leg swelling