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**DIABETES MELLITUS FORM: IF YOU HAVE DIABETES PLEASE COMPLETE THIS FORM**

<b>Name (Last,First, Middle)</b>				
<b>Year of diagnosis of diabetes</b>				
<b>Age at diagnosis</b>				
<b>Complications of diabetes</b>	Eye	Yes	No	
	Kidney	Yes	No	
	Nerve	Yes	No	
	Heart	Yes	No	
<b>Hypoglycemia (details)</b>				
<b>Do you get symptoms with hypoglycemia</b>				
<b>Severe Hypoglycemia (details)</b>				
<b>Medications for diabetes</b>				
Oral				
Insulin (what year did you start insulin)				
Type of insulin and dose				
<b>How many times per day do you check your sugars</b>				
<b>During the last 1 month, what has been your average blood sugar</b>				
Fasting/pre-breakfast	Lowest		Highest	
Pre-lunch	Lowest		Highest	
Pre-dinner	Lowest		Highest	
Bedtime	Lowest		Highest	
3 am	Lowest		Highest	
<b>Vaccinations</b>				
Pneumovax				
Flu vaccine				
Hepatitis B vaccine				
Eye exam				

**PLEASE BRING IN YOUR BLOOD GLUCOSE METER AND BLOOD GLUCOSE LOG (with readings of at least one week) to your visit.**