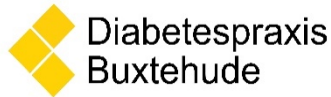


Diabeteszentrum
Hamburg City



Diabetespraxis
Buxtehude

Dr. Oliver Schubert-Olesen

Facharzt für Innere Medizin
Diabetologe (LÄK), Rettungsmedizin,
Verkehrsmedizinische Begutachtung

Dr. Sabine Schubert

Fachärztin für Allgemeinmedizin & Chirurgie
Diabetologe (LÄK), Rettungsmedizin

Dr. Anja Waschke (angest.)

Fachärztin für Allgemeinmedizin

medical history

Diabetes Mellitus

Dear new Patient,

please fill out this form about your medical history to give us the information we need to help with your health issues the best way.

Personal Data

First name Last name

Date of birth:

phone fax

mobile email

personal medical history

Diabetes Mellitus Type 1 2 other since

Since when have you been taking diabetes medication ?

Since when are you using Insulin ?

do you have complications due to diabetes

kidneys feet eyes blood vessels heart

are you taking medicine due to other deseases?

high bloodpressure high cholesterol

circulatory disorders other

when was your last eye-examination?

result: normal findings retinopathy

What is your medication plan ?

drug including dosage	morning	noon	evening

Which Insulin are you using including the dosage?

.....

What glucose value you are aiming at ? mg/dl // mmol/mol

How do you correct your glucose level ? 1 IE extra for mg/dl // mmol/mol

which glucometer are you using ?

.....

How often do you check your glucose level? / day / week

How often do you suffer from hypoglycaemia ? / week

how many of them are severe ? / week

Amount of severe hypoglycaemia with help needed during the last year?

At which value do you feel signs of hypoglycaemia? (mg/dl / mmol)

below 40 / 2.2 60 / 3.3 80 / 4.4 above 80 / 4.4

family medical history

family members with diabetes mellitus (also what Type):

.....

.....

.....

sozial history

marital status living alone living with partner / spous
 living with children retired

occupation

hobbys

exercise (what kind)

general medical history

yes no
 do you smoke ? if yes, how many: cigarettes 7 day

 do you drink alcohol? if yes, how much: glasses / week

have you participated in a diabetes group training?

yes no
 if yes, where and when?

Are you taking part in the DMP-Program of the healthinsurance ?

yes no

How did you hear about us:

- General practitioner Insurance Paper
- Pharmacist Phonebook Internet
- Friends

What is your main issue:

- better metabolism more knowledge (diabetes training)
- nutritional advice help to loose weight
- Check of the feet treatment of wounds
- Check according to the DDG-passport
- other:

do you want your general practitioner to receive information:

yes no name of the general practitioner:

May we inform you about news ? (Via Letter / Email)

yes no

I hereby give permission to store my data in the patient file. This data is used exclusively for the documentation of the treatment and for communication with other health professionals involved in the immediate treatment. The data is stored within the framework of the times specified by law.

I agree that a portrait photo of me can be stored in my medical file. This photo is used solely to reduce the risk of medical records being mixed up.

I also hereby give permission to photograph any existing wound(s). The photograph(s) of my wound(s) serve as documentation in order to be able to observe the healing process more closely. The photo documentation can also be used anonymously for case studies within the framework of studies. In this case, a declaration of consent will be obtained separately. The photos are archived in my medical file and used for wound documentation purposes.

I also agree to the transmission of the necessary data to the responsible laboratory so that an evaluation of blood results can be carried out there with appropriate security.

yes no

Dear patients!

Unfortunately, it often happens that patients do not keep the appointment.

We try to take our time for you and make appointments accordingly. If appointments are not kept, we lose this time for other patients. We ask that you cancel appointments at least 24 hours in advance if you are unable to keep them.

Otherwise, we ask for your understanding that we have to charge a fee of € 20.00 for the failure.

We thank you for your understanding. Please hand in the questionnaire at reception. If you have any questions, we will be happy to help you.

date, signature