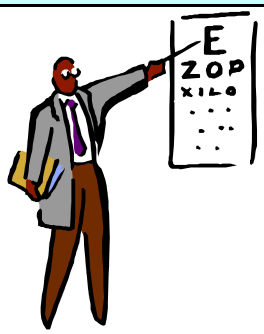
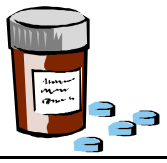
GATEWAY COMMUNITY HEALTH CENTER, INC.

Diabetes Patient Assessment

Name:_____ **Master File #**_____

Address:_____ **D.O.B.:**_____/_____/_____ **Date:**_____

Smoking		
	Do you smoke?	☐ YES ☐ NO
Dental Visits		
	Have you seen a Dentist since your last visit to the Family Practice Center/Outpatient Clinic?	☐ YES ☐ NO
	Has it been more than one year since you have seen a dentist?	☐ YES ☐ NO
	If you know, please enter the approximate date of your last dental visit.	Date:_____
Eye Exams		
	Have you visited an eye doctor since your last visit to the Family Practice Center/Outpatient Clinic?	☐ YES ☐ NO
	Has it been more than one year since you have seen an eye doctor?	☐ YES ☐ NO
	If you know, please enter the approximate date of your last visit to an eye doctor.	Date:_____
Self Management		
 	Do you exercise regularly?	☐ YES ☐ NO
	Have you been following your diabetic diet?	☐ YES ☐ NO
 	Have you been taking your medications?	☐ YES ☐ NO
	Your Comments:	

**** Please give this form to the nurse when you are called to the exam room****

Patient's Signature:_____ **Interviewer:**_____

This product was developed by the diabetes self management project at Gateway Community Health Center, Inc. in Laredo, TX with supoort from the Robert Wood Johnson Foundation® in Princeton, NJ.