

Let's Get Acquainted

New Diabetic Patient Form



GORDON PODIATRY, LLC
Sports Medicine, Foot and Ankle Surgery

Patient Name: _____ Date of Birth: _____

When were you diagnosed with Diabetes? _____

Do you take Insulin? Yes / No if yes, what type: _____

Do you take medication/pills for your Diabetes? Yes / No if yes, please circle:

Metformin(Glucophage) Glimepiride (Amaryl) Glyburide Glipizide (Glucotrol)
Prandin Pioglitazone (Actos) Sitagliptin (Januvia) Saxagliptin (Onglyza)
Linagliptin (Tradjenta) Acarbose (Precose) Invokana Other: _____

Do you follow a Diabetic diet? Yes / No If yes: rarely/occasionally/frequently/always

When did you last see your Primary Care Physician or Diabetes Doctor? _____

Have you seen a Podiatrist before? Yes / No If yes, when last seen: _____

What was your most recent HbA1c (Hemoglobin A1C)? _____

Do you check your blood sugars daily? Yes / No most recent blood sugar: _____

Have you ever had a diabetic foot ulcer? Yes / No or Slow healing wounds? Yes / No

Have you ever had diabetic shoes? Yes / No or compression stocking/socks? Yes / No

Do you currently have or frequently have any of the following symptoms?

Long difficult to cut toenails	Yes / No	Cold Feet or toes	Yes / No
Thick discolored toenails	Yes / No	Rash or Athletes foot	Yes / No
Painful Toenails	Yes / No	Burning or Tingling in feet	Yes / No
Painful Corns or Calluses	Yes / No	Numbness to feet or toes	Yes / No
Dry skin on feet or toes	Yes / No	Swelling in legs or ankles	Yes / No
Purple discoloration to feet or toes	Yes / No	Foot pain at night that is relieved when get up or rest hang feet down off the bed?	Yes / No

I willfully present and certify that all above information if correct to the best of my knowledge:

Signature: _____ Date: _____