



Please record your:

Appt date: / / Time: : am / pm Doctor:

1. Have you monitored your glucose since you last visit? Yes No *Please describe:*

2. Have you experienced any low blood sugar events since your last appointment? Yes No
Please describe:

3. Do you have an up to date list of your medications? Yes No
If no, please list your current medications and how you take them.

4. Have you had any issues related to your medications since your last appointment? Yes No
Please describe the issues

5. Do you think your medications are working? Yes No *Please describe why/why not:*

6. Have you experienced any situations where you have not taken your medications as prescribed?
 Yes No *Please describe:*

7. Have you experienced anything you suspect might be a side effect of the medications you are taking?
 Yes No *Please describe:*

8. Have you experienced anything unusual or different about your body or health since your last visit?
 Yes No *Please describe:*

9. Is there anything else you would like to discuss with your health care provider?



Please remember to bring: this form the diabetes appointment journal
 your glucose meter and/or logbook or journal your list of current medications
 any other logs, journals, or notes