

# DIABETES MELLITUS EVALUATION FORM

(June 2011)

*Required information for pre-employment/pre-assignment applicants and pre-employment/pre-assignment eligible family members (EFM) with a history of Diabetes. Requested information for all in-service employees and EFMs with history of Diabetes Type 1 or Type 2.*

Examinee's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear Doctor,

This individual / family member is applying to work for an organization which requires that they be able to live and work anywhere overseas, including third world countries where local medical care may be inadequate for monitoring chronic medical conditions requiring routine follow-up. In order to obtain enough clinical information about whether this person can be managed overseas, we need additional information about their diabetes care and need for clinical follow-up. Please answer the questions below.

## ALL REQUESTED INFORMATION IS NEEDED :

- HISTORY, to include:
  - Diagnosis: Type 1 or Type 2 Diabetes? \_\_\_\_\_
  - Date of diagnosis: \_\_\_\_\_
  - Any hospitalizations or ER visits for diabetic ketoacidosis (DKA)? **Yes / No**  
If Yes - Dates:
  - Any history of recurrent episodes of severe hypoglycemia? **Yes / No** If yes, please note frequency, last known episode:
  - Any history of hypoglycemia unawareness? **Yes / No** If yes, please elaborate:
  - How do they monitor glucose levels? Continuous glucose monitoring? **Yes / No**

Any history of visual impairment, clinically significant macular edema, severe or very severe non-proliferative diabetic retinopathy, or proliferative diabetic retinopathy? **Yes / No (Please attach reports if yes.)**

Doc.#	Date	Version	Author	Clear	Revision reason
3321.5	4/2010	0	TWF	MJP	
	5/04/10	1	BAT	BAT	Minor changes
	6/16/2011	2	TWF	BJM	MCI Committee

- Any history of coronary artery disease or peripheral vascular disease? **Yes / No**  
**(Please attach reports if yes.)**
- Any history of past foot ulcer or amputation? **Yes / No**
- Any history of diabetic nephropathy? **Yes / No**
- Any history of peripheral or autonomic neuropathy? **Yes / No**
  - Is their 10gram monofilament testing normal?
- Current treatment regimen (Please list)
  - Oral Medications?
  - Symlin, Byetta, or Victoza?
  - Insulin regimen: pump or injections?
  - Diet/Exercise?
- **PHYSICAL EXAM**
  - Please attach physical exam information from within past six months:
    - **attention to: blood pressure, neurovascular exam**
- **OPHTHALMOLOGY EVALUATION/REPORT-** within past year  
**Please attach report**

**ALL LABS BELOW: Please attach printed copy of lab result**

- FPG (Fasting Plasma Glucose) –
- HEMOGLOBIN A1c – All A1c measurements over the last 12 months (3 or 4)
- URINE for microalbumin – within the past two (2) years. If positive, also submit 24 hour urine for creatinine clearance and albumin.
- SERUM CREATININE and eGFR – within past 12 months
- FOLLOW-UP RECOMMENADATIONS (from provider) – ie: how often should specific lab or other testing or specialty consults be done?

\_\_\_\_\_  
Provider's Name (stamp)

\_\_\_\_\_  
Date

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