

PROSPECT'S DIABETIC QUESTIONNAIRE

1. Date Diabetes diagnosed _____ Height _____ Weight _____ Weight two years ago _____
2. Name and address of physician presently supervising your diabetes _____
3. Fasting Blood sugar: Date _____ Result _____
4. Glycohemoglobin A1C: Date _____ Result _____
5. What is present treatment: Diet only _____ Oral Medication _____ Insulin _____ Units per day _____
6. Have you ever had: Kidney disorder? _____ Eye disorder? _____ Hypertension? _____ Heart disorder? _____
Neuropathy? _____
7. Has an Electrocardiogram been taken? _____ Date _____ Stress Test _____ Date _____
By Whom? _____
Was the Electrocardiogram reported normal? _____ Was the Stress Test reported normal? _____

PROSPECT'S HEART DISEASE QUESTIONNAIRE

- A. Have any of the following ever been experienced: YES NO B. Was it associated with: YES NO
1. Chest Pain? YES NO 1. Exertion? Exercise? YES NO
 2. Palpitation? YES NO 2. Excitement? Strain? YES NO
 3. Shortness of Breath? YES NO 3. Meals? YES NO
 4. Heart Attack? YES NO
- C. 1. Approximate date of first episode _____ 2. Date of last episode _____
3. How frequently did the episodes occur? _____
 4. Duration of episodes _____
 5. Hospitalized? _____ Date Admitted _____ Date Discharged _____
 6. Was bypass surgery done? _____ Single _____ Double _____ Triple or More _____
 7. Was angioplasty done? _____
 8. When was the last electrocardiogram taken? _____ Stress / Treadmill test? _____
 9. Have you ever had an angiogram or heart catheterization? _____ Date _____
What was the Left Ventricle Function? (please contact your cardiologist for this test result) _____
 10. Date of return to work? _____ Restrictions? _____
 11. What medication is taken now? _____
 12. What **DIAGNOSIS** was made concerning the heart condition? _____

D. Give names and addresses of all physicians consulted:

PROSPECT'S ALCOHOL USAGE QUESTIONNAIRE

1. Do you consume alcohol at the present time? YES NO
2. Are you involved in AA or any other support group? YES NO
3. Have you ever had alcohol treatment or YES NO
4. Date of last drink? _____
counseling? 5. Any D.U.I.'s? _____ Date _____

PROSPECT'S CANCER QUESTIONNAIRE

1. Date of diagnosis _____ 2. Type of Cancer (give full medical name) _____
3. Stage, level or grade (please contact your physician if not known) _____
4. Location of cancer _____
5. Type of treatment given _____
6. Date treatment started _____ Last treatment _____
7. Date of last follow-up _____
8. If cancer less than 10 years ago, please obtain pathology report.
9. Give names and addresses of all physicians consulted: _____

