

Judy Fischer, RD, LDN, CDE

My Diabetes Dietitian

*Please bring completed form to first appointment*

Today's Date: \_\_\_\_\_

Personal Information:

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email address \_\_\_\_\_

Marital Status: \_\_\_\_\_

Primary Insurance carrier: \_\_\_\_\_

Subscriber number: \_\_\_\_\_

Secondary Insurance carrier: \_\_\_\_\_

Subscriber number: \_\_\_\_\_

Relationship to subscriber: Self or spouse or child

Who referred you? \_\_\_\_\_

What can I help you with? Goals desired?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you seen Dietitian before and what was your experience?

Do you prefer structured plan or more loose guidelines?

Medical Information:

Name of Physician: \_\_\_\_\_ City \_\_\_\_\_

Physician phone number: \_\_\_\_\_

Height \_\_\_\_\_ Current Weight \_\_\_\_\_ Desired Weight \_\_\_\_\_

Lowest adult weight \_\_\_\_\_ Highest adult weight \_\_\_\_\_

Please list all medications including prescription/vitamins/herbs

\_\_\_\_\_  
\_\_\_\_\_

Please list any chronic medical issues you may have such as diabetes, high blood pressure, depression, high cholesterol, celiac, etc.

\_\_\_\_\_  
\_\_\_\_\_

Most Recent Lab Values if known:

Blood Sugar \_\_\_\_\_

HBA1C \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Total cholesterol \_\_\_\_\_ HDL \_\_\_\_\_ LDL \_\_\_\_\_ Tryglicerides \_\_\_\_\_

*(complete section below if diagnosed with pre diabetes or diabetes):*

Have you every had diabetes education? \_\_\_\_\_

If so, where? \_\_\_\_\_

What type of diabetes do you have? Pre diabetes or Type 1 or Type 2

When diagnosed? \_\_\_\_\_

Are you testing your blood sugar? \_\_\_\_\_ what times of day? \_\_\_\_\_

What are your average readings? \_\_\_\_\_

What meter are you using? \_\_\_\_\_

Do you get any lows? < 70 mg/dl \_\_\_\_\_

If so, do you treat the low sugars? \_\_\_\_\_