Adonai Diabetes and Endocrinology Center
Office: 907-357-2332 Fax: 907-357-2344 help@adecteam.org

Name: DOB: Date:

MEDICAL HISTORY

☐ **No change** since the last visit.

Please list any change in your medical history since your last visit.
- New medical diagnoses. - Surgeries - Allergies

FAMILY HISTORY

☐ ***No change*** *since the last visit.*

Please list any significant changes in the medical history of your family members.

SOCIAL HISTORY

Please indicate any changes in the following items:

Where you live?	☐ No ☐ Yes:
Who you live with?	☐ No ☐ Yes:
Smoking status?	☐ No ☐ Yes:
Alcohol intake?	☐ No ☐ Yes:
Other life events or changes:	
New address/phone number?	
New insurance?	

CURRENT BALANCE ON YOUR ACCOUNT: _____

☐ I plan to pay the balance in full today.
☐ I will make a payment today & complete a payment plan form for the remaining balance.
☐ I will complete a payment plan form.

- **Please be advised that a $100.00 fee will be charged for failing to keep your appointment or not cancelling with 24-hours notice. The fee will be directly charged to you and not your insurance company.**
- **A $35.00 late fee will be added to accounts not paid in full by 60 days.**

Signature Date

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		Since your last office visit have you?	Do not Write In This Space
Yes	No		
		Seen a diabetes educator?	
		Seen a dietitian?	
		Had side-effects from your diabetes medicines?	
		Had problems at injection sites?	
		Been hospitalized for high sugars?	
		Had a glucose value less than 40 mg/dl?	
		Been hospitalized for low sugars?	
		Required the help of others to treat a low glucose reaction?	
		Lost consciousness or had a seizure due to a low glucose reaction?	
		Seen an eye doctor? If yes, when?_____	
		Had changes in or trouble with your vision?	
		Had any eye surgery or procedures?	
		Been told you have protein in your urine?	
		Told you had a change in how well your kidneys function?	
		Had a change in the sensation in your hands and arms? (pain, numbness, tingling, burning)	
		Had a change in the sensation in your feet and legs? (pain, numbness, tingling, burning)	
		Seen a foot doctor?	
		Had surgery on your feet?	
		Had new problems with your feet? or worsening of chronic problems?	
		Had a chest pain or heart attack?	
		Had a stroke?	
		Developed depression or other psychiatric issues?	
		Had a Pneumonia vaccination?	
		Had a flu shot? (October – March)	

Other Problems or Areas of Concern:

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