

Beaumont

PRE-DIABETES ASSESSMENT

GENERAL INFORMATION

NAME

DATE

ADDRESS (s

RT- DATE

A E

PREFERRED ✓ N E N M E R (

MEDICATIONS

S S

S

S

S

S

S

Medication Name

Dose / Time(s) Taken

Medication Name

Dose / Time(s) Taken

A

s s N

S S S

HYPOGLYCEMIC REACTIONS (Low blood glucose reactions)

✓ s s N

D s s s

✓ s

✓ s s

EXERCISE

D s s A S N

D s s N s s s

TYPE	HOW OFTEN	HOW LONG

D s s s N

✓ s

s s s s N

s

HEALTH HABITS

D s s

s

s (

s s N

s

D s

s