

HEALTH HISTORY

(TO BE COMPLETED FOR EACH PARTICIPANT, INCLUDING ADULTS. MAKE ADDITIONAL COPIES AS NEEDED)



PART A

NAME: _____ DATE OF BIRTH: _____
HEIGHT: _____ WEIGHT: _____ GENDER: ☐ Female ☐ Male LAST TETANUS SHOT: _____

DOCTOR OR CLINIC INFORMATION

SPECIALTY	NAME	PHONE NUMBER
PRIMARY PHYSICIAN		
DIABETES DOCTOR		

INSURANCE INFORMATION

CARRIER: _____ CARRIER PHONE: _____
POLICY HOLDER' S: _____ RELATIONSHIP: _____
GROUP #: _____ POLICY #: _____

ALLERGIES

MEDICATIONS

OTHER MEDIAL, PSYCHOLOGICAL, OR PSYCHIATRIC DIAGNOSES/CONDITIONS

DIETARY RESTRICTIONS ☐ Gluten-free ☐ Vegetarian ☐ Oth-

PART B

(COMPLETE IF PERSON HAS TYPE 1 DIABETES)

INSULIN BRAND: ☐ Lilly ☐ Novo Nordisk ☐ Sanofi Aventis

INSULIN TYPE: ☐ Humalog/Novolog ☐ Regular ☐ NPH ☐ UltraLente ☐ Lantus ☐
Apidra ☐ Levemir

DO YOU USE AN INSULIN PUMP?: ☐ Yes ☐ No CONTINUOUS GLUCOSE MONITOR?: ☐ Yes ☐ No