

Medical Form (Diabetes Alert Application)



Please ask your Diabetes Healthcare Professional to fill in the details below.
Please then return it to us with your completed application form.

Applicant's details (applicant to complete and sign):

Name: Date of Birth:

Address:

.....

.....Postcode:

Please release the requested medical information regarding my condition to Medical Detection Dogs. The information will not be used for any purpose other than to evaluate my application for a Medical Alert Assistance Dog. Thank you.

Applicant's signatureDate:

To the Health Care Professional completing this report:

Medical Detection Dogs greatly appreciates your time and attention in completing this form. Recipients are given extensive training in handling and caring for an assistance dog. Your information is essential for an accurate evaluation of the applicant.

THIS FORM IS BEING COMPLETED BY:

Diabetes Consultant/Diabetic Specialist's Nurse name:

Telephone E-mail:

Address:

1. When was this applicant diagnosed with diabetes:

2. Type of diabetes:

Type 1	Type 2 diet controlled / tablet controlled or tablet and insulin controlled	Other (Please Specify)
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3. Is this applicant's diabetic care by GP only, by diabetes consultant only or by both?

4. Please give details of the current treatment in terms of Oral Medication, insulin via injection, insulin via pump

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5. When was this applicant last seen for a diabetes review?

6. How often is this applicant followed up regarding their diabetes? 3 / 6 / 12 monthly?

7. What was the last documented HbA1c Date

8. Has the applicant / family undergone any of the following (and when):

- Regular reviews by a diabetes healthcare team
- Psychological assessment / involvement
- Continuous Glucose Monitoring
- Structured Education programme (such as DAFNE) or training in carbohydrate counting and insulin adjustment

9. Are you aware of whether the applicant has frequent hypoglycaemic episodes or are there any documented episodes of significant hypoglycaemia (or hyperglycaemia) in the last 12months?

10. Are you aware of whether the applicant has been hospitalised due to their diabetes in the last 12months?

Yes	No
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11. Do you think this applicant is compliant with the management of their diabetes?

Yes	No
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12. Are they / can they be prescribed sufficient blood glucose test strips for at least tests per day? (this is required as the client will test when the dog alerts)

Yes	No
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13. Does the applicant run their blood glucose levels higher to avoid hypoglycaemia and What is their blood glucose target range

Yes	No
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mmol/

14. An further significant medical history. Please give details:

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15. Please provide a brief report as to how the current effect of diabetes impacts upon the applicant / family daily life? (Please use reverse of page if required)

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16. Are there any other treatments / interventions your team are able to offer the applicant or are they waiting to receive with regard to their diabetes management?

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SignatureDate.....

Diabetes Questionnaire (applicant to complete)

Name Date of Birth

1. Type of diabetes (please indicate):

Type 1	Type 2	Other (please specify)
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2. How is the condition currently treated?

Diet	Tablets	Insulin	Insulin pump
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3. At what age/date was your diabetes was diagnosed?

4. Do you have any other medical conditions?

Yes	No
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If yes please give details:

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5. Please list your regular medications:

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6. Do you have limited mobility?

Yes	No
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7. Please list your last 3 HbA1c results and dates

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8. On average how many times do you check your blood glucose a day?

9. Please tick the categories which best describe your actions when you think you have low blood glucose:

I always do a blood glucose test	I sometimes do a blood glucose test	I never do a blood glucose test
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10. If checked, how often is your reading below 4mmol/L?

11. When my blood glucose is below 4mmol/L I have symptoms (please indicate):

always	sometimes	never
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12. To what extent can you tell by your symptoms that your blood glucose levels are low?

always	sometimes	never
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13. Please describe any of the symptoms you may get / other people may notice:

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14. Do you run your blood glucose levels higher to avoid hypoglycaemia?

Yes	No
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15. What is your blood glucose level target range? mmol

16. How often in an average 3 month period have you had a hypoglycaemic episode?

- a) Where you treated yourself immediately?
- b) Needed someone to help you eg GlucoGel?
- c) With loss of consciousness and needed an injection of Glucagon or ambulance?

17. Do you take your diabetes medication regularly? Yes / No

18. Do you exercise regularly? If so please give details Yes / No

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19. If you exercise regularly, do you check your blood glucose before and after exercise? Yes / No

20. Do you drink alcohol? Yes / No

21. If so how many units per week (1unit = 1 small glass wine/half pint/one shot)

22. Do you feel LOW blood glucose levels affect the quality of your life? Yes / No

23. How often during the last 3 months have you had a blood glucose test reading of 15mmol/l or above without symptoms?

Never	Occasionally	1-3 times a week	4-6 times a week	Daily
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24. How often do you experience symptoms when your blood glucose is 15mmol/L or above?

Always	Sometimes	Never
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Please describe any symptoms

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25. At what blood glucose reading may you get warning of a hyper?

26. Do you check your blood for ketones when your blood glucose is high? Yes / No

27. Do you respond/treat your high blood glucose levels? Yes / No
If yes how?

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28. Have you ever needed medical intervention/ been admitted to hospital due to high blood glucose levels or diabetic ketoacidosis? Yes / No

If yes, please give details

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29. Any further comments you would like to make regarding your diabetes?

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date completed: / /