

Registry Update Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Race: Caucasian • Asian • African American • American Indian • Other \_\_\_\_\_ Ethnicity: Non-Hispanic • Hispanic

Best phone #: \_\_\_\_\_ Other phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Best time to contact: \_\_\_\_\_  
(HHDC will not divulge any information to third parties. Contents exchanged through e-mail will not contain any personal health information)

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

Diabetes Type: Type I • Type 2 • Gestational • Pre-diabetes • None • Other \_\_\_\_\_ Year diagnosed: \_\_\_\_\_

HbA1c: \_\_\_\_\_ Date of last HbA1c: \_\_\_\_\_ Fasting Blood Sugar: \_\_\_\_\_

Blood Pressure (if known): \_\_\_\_\_

Diabetes Medications: Diet & exercise only • Oral Meds (list all) • Insulin • Other injectable (Byetta, Symlin)

Name	Dose/Frequency	Date Started	Date stopped
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Blood Pressure/Cholesterol Medications:

Name	Dose/Frequency	Date Started	Date stopped
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Medications (List dosage/frequency): \_\_\_\_\_

Neuropathy (tingling hands & feet): Yes • No • Unknown Date diagnosed: \_\_\_\_\_

Retinopathy (eyes): Yes • No • Unknown Date diagnosed: \_\_\_\_\_

Nephropathy (kidney): Yes • No • Unknown Date diagnosed: \_\_\_\_\_

Osteoporosis (bones): Yes • No • Unknown Date diagnosed: \_\_\_\_\_

Are you a Woman of Child Bearing Potential: Yes • No • N/A If Yes, Birth Control Method: \_\_\_\_\_

If No, Last Menstrual Period: \_\_\_\_\_

ADDITIONAL MEDICAL HISTORIES (incl cardiovascular events, cancer, surgeries) \_\_\_\_\_

Tobacco use: \_\_\_\_\_ Alcohol use: \_\_\_\_\_

Previously in studies? Yes • No If yes, When/Where? \_\_\_\_\_



**Other comments:**

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