Prediabetes Status Report Worksheet

(Metabolic Syndrome, Impaired Fasting Glucose, Insulin Resistance, Glucose Elevation/Intolerance, Polycystic Ovary Syndrome)

		DOB::		
Condition is PRE-DIABE	TES?		Υ	N
ondition stable on current regimen and no changes in treatment recommended:		Υ	N	
If no, what rec	commended changes:			
xperienced symptoms	associated with condition:			
None or _	(List symptoms)			
ypoglycemic events (s	symptoms or glucose less tha	n or equal to 70mg/dl) within the	past 12	months:
None or _	(List events)			
asting blood sugar:	Level mg/dL	Date of test		
urrent HgA1C (within	the last 90 days):			
	Level	Date of test		
Oral glucose tolerance		Date of test		
ral glucose tolerance i		Date of test Date of test		
N/A or	test, if performed: Level mg/dL			
N/A or	test, if performed: Level mg/dL			
N/A or Medications for conditi None or Metformin onl	test, if performed: Level mg/dL ion:	Date of test		N
N/A or Medications for conditi None or Metformin onl Has tl	test, if performed: Level mg/dL ion:	Date of test cation more that 14 days? ide effects?	Y	N N
Medications for conditi None or Metformin onl Has tl	test, if performed: Level mg/dL fon: ly he paitient been on the medi he patient experienced any s	Date of test cation more that 14 days? ide effects?		

Expert FAA Medical Assistance!

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