

**CHISLEHURST MEDICAL PRACTICE**

**Diabetes Monitoring Questionnaire**

**FULL NAME            DATE OF BIRTH**

In order to monitor your diabetes effectively we would appreciate you completing this following questionnaire. This will be reviewed by the diabetes team alongside your blood results to enable us to fully monitor your progress. You can return this questionnaire by post or by hand to reception at the surgery. If you prefer you can download from our website at [www.chislehurstmedicalpractice@nhs.net](http://www.chislehurstmedicalpractice@nhs.net) and then complete and email to [docman.g84010@nhs.net](mailto:docman.g84010@nhs.net)

If there are any concerns from the assessment the diabetic team will contact you to either book a face to face or telephone appointment.  
We thank you in advance for supporting the surgery and helping us to work more efficiently.

Have you had your blood test? YES  NO

If you have recently weighed yourself? YES  NO  Latest weight

Are you regularly taking your prescribed medication? YES  NO

Have you noticed any side effects or concerns regarding your medication? YES   
NO

Do you have any concerns regarding your diabetes in general? YES  NO

Do you have any concerns regarding your feet? YES  NO

If you have a blood pressure machine at home your most recent reading

Have you had any hypos/low blood sugar episodes since your last review?  
YES  NO

Do you monitor your blood glucose at home? YES  
 NO

Have you had any appointments at hospital or other departments regarding your diabetes since your last review? (Eg. Retinal screening (eye photography)  
YES  NO

Any other comments/questions regarding your diabetes.

Many thanks

Diabetes Team  
Chislehurst Medical Practice.