

Type Two Diabetes and Hypertension Evaluation Sheet page 1

Patient Name _____ DOB _____

Age _____ Weight _____ Height _____

Smoking history Yes _____ No _____

Medical History:

Family Medical History:

	<u>Age</u>	<u>Current Health</u>	<u>Cause/Age of Death</u>
Father	_____	_____	_____
Mother	_____	_____	_____
Brother (s)	_____	_____	_____
Sister (s)	_____	_____	_____

Coronary Risk Factors:

Blood Pressure Readings (all three must be completed)

Date _____ B/P _____/_____ Where taken _____

Date _____ B/P _____/_____ Where taken _____

Date _____ B/P _____/_____ Where taken _____

Date of Resting ECG _____ (please submit with this form if required by FAA)

If Stress Test done, please indicate date done here and results

Labs: FBS _____ Tot. Cholesterol _____ LDL _____
HDL _____ Triglycerides _____ Creatinine _____
Potassium _____

Labs: Hemoglobin A1C within last 30 days, or last 90 days if certification renewal

Date _____ Value _____

Date _____ Value _____

Current Medications:

Rx _____ Dosage _____ Sig _____

Rx _____ Dosage _____ Sig _____

Rx _____ Dosage _____ Sig _____

Rx _____ Dosage _____ Sig _____

Rx _____ Dosage _____ Sig _____

Rx _____ Dosage _____ Sig _____

Rx _____ Dosage _____ Sig _____

Rx _____ Dosage _____ Sig _____

Medication Side Effects/clinically sig. Hypoglycemic Reaction? Yes _____ No _____

If so, what? _____

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I certify there is no evidence of cardiovascular, neurological, renal and/or ophthalmological disease AGREE / DISAGREE If disease noted, please comment in Medical History Section near the top of the page.

Treating Physician:

Name _____

Address _____

City/Zip Code _____

Signature of Physician _____ Date _____