Broome Vision

( ) **Daytona Eye Center** 701 S. Ridgewood Ave, Daytona Beach 32114 / phone 386-253-5999 / fax 386-253-1193

( ) **EyeSavers** 1474 W. Granada Blvd # 470, Ormond Beach 32174 / phone 386-673-3011 / fax 386-673-3099

Have you ever been diagnosed with diabetes? **Yes/ No**

If no, you may sign & date and return to front desk

If yes, when were you diagnosed? _____

If yes, what type of diabetic are you? Circle ALL that apply:

Type 1 / Type 2 / Diet Control / Insulin Dependent / Insulin Pump

Gestational / Borderline / Pre-Diabetic / Brittle Diabetic / Oral Meds

Other _____

What was your last BLOOD SUGAR LEVEL & when did you last check it? _____

What was your last A1C and when was it last checked? _____

Over the last 30 days what was your lowest BLOOD SUGAR LEVEL? _____

Over the last 30 days what was your highest BLOOD SUGAR LEVEL? _____

Does your Primary Care doctor consider you to be "controlled" OR "uncontrolled" ?

PATIENT'S SIGNATURE **TODAY'S DATE**

*Diabetes can affect your eyes in many ways. It can cause fluctuations in your vision and in extreme circumstances it can cause blindness. Please answer the above questions to the best of your ability.

Thank You in Advance, Dr. Kevin Broome