



# Diabetes Questionnaire-Physicians Section

## Health Care Provider Information

*Please take the time to review the Physician's Cover Letter and Participant Section for details and accuracy.*

**Student Name:** \_\_\_\_\_ **Course #:** \_\_\_\_\_

Physicians Name:	Emergency Contact #:
Phone Number:	Best times to reach you?

1. How long have you seen this patient for diabetes?
  
2. How often have they seen you over the past two years?
  
3. Has this person ever experienced any of the following?  
Diabetic keto-acidosis?  Yes  No  
Diabetic keto-acidosis with coma?  Yes  No  
Hypoglycemia w/ loss of consciousness?  Yes  No  
Hypoglycemia with seizures?  Yes  No
  
4. Please describe below any condition to which you responded, "Yes" above, including dates and circumstances.
  
5. Does he/she test their blood?  Yes  No  
How often?
  
6. Does he/she test their urine?  Yes  No  
How often?
  
7. Is there any additional information or special requirements that would help provide us with a more accurate medical profile of this person's diabetic condition?



## Diabetes Questionnaire-Physicians Section *(continued)*

8. During your exam, we ask that you obtain and provide their HbA1c (normal values as well) and to read their blood glucose meter for the past several months to further evaluate what their control has been.
9. Do you feel that this patient is an appropriate candidate for an extended (5 days or more) wilderness expedition possibly involving extreme weather conditions, high caloric output with insulin modification and potential elevations up to 14,000 feet?  Yes  No
10. Do you feel that any further testing or evaluation is needed for this patient to participate?  
 Yes  No

If yes, please explain: \_\_\_\_\_

**Wilderness Travel Considerations** - Students who require it should bring adequate testing supplies and an abundant supply of reaction treatments, including two bottles of glucose strips, foil-wrapped ketosticks, two glucagon kits and two blood glucose meters (one as a backup) If insulin is required, we require double dosages and additional syringes.

Insulin should not be above 80°F for long periods of time and should not be allowed to freeze. Humidity may affect blood glucose meter, so visual strips should be brought as a backup measure or in place of your meter. In very cold weather, insulin can be worn in a pouch under an inner layer of clothing, perhaps under the armpit, to prevent it from freezing. We can only keep insulin at a proper temperature on sailing, rafting and mountaineering courses. Please detail a plan with your patient to keep the insulin cool and protected. **Discuss weather extremes with your patient and any extra considerations regarding Insulin or other devices.**

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Physician's Signature

Date