

## Owner information and Medical Record#

### EVALUATION OF DIABETES CONTROL – Make any additional notes on reverse

#### Patient history (All refer to changes over previous 4 weeks)

Need for insulin adjustment	Yes No
Change in water consumption	Yes-increased water consumption No
Change in urine frequency/amount	Yes No
Change in appetite/food intake	Change in appetite (increased) No change in appetite
Change in activity level	Change in activity level (decreased) No change in activity level
Increase in body weight	Yes No (no change/decrease)
Signs of hypoglycemia noticed	Yes No
Required treatment for hypoglycemia	Yes No
Compliant with recommended insulin dosing	Yes No

#### Physical examination

Change body weight $\geq 5\%$	Yes No
Body condition score	Unacceptable (poor body condition) Acceptable (good body condition)
Hydration status	Dehydrated Normal hydration