Entered: _ _ / _ _ / 20_ _ Initials: _____ Verified: _ _ / _ _ /20 _ _ Initials: _____
mm dd yy mm dd yy

Patient ID __ __ __ - __ __ __ __ - __ __ ID **Visit:** VISIT

For office use only.

MVF – Version: 11/30/2011

Form Completion Date __ __ / __ __ / 20 __ __ MVFDAT
mm dd yy

1. **In the past 12 months**, have you had surgery on… *(check "no" or "yes" to each)*:

	No	Yes
1.1 your back, such as disc surgery, laminectomy, or fusion surgery.	☐ SBACK_M	☐
1.2 your hip(s), such as joint replacement, reconstructive or arthroscopic surgery.	☐ SHIP_M	☐
1.3 your knee(s), such as joint replacement, reconstructive or arthroscopic surgery.	☐ SKNEE_M	☐
1.4 your ankle(s), such as joint replacement, reconstructive or arthroscopic surgery.	☐ SANKLE_M	☐

2. **In the past 12 months,** have you had surgery to remove your gallbladder? SGALL_M ☐ 0. No ☐ 1. Yes

If no,

2.1 In the **past 3 months**, have you had upper abdominal pain shortly after eating food? ☐ 0. No ☐ 1. Yes ABDPAIN

3. **In the past 12 months,** have you had a kidney stone? STONE_M ☐ 0. No ☐ 1. Yes

4. **In the past 12 months**, have you experienced a fracture or broken bone? NTBROK ☐ 0. No ☐ 1. Yes

If yes,

4.1 Was there a definite injury involved? ☐ 0. No NTBROKI ☐ 1. Yes

5. **In the past 12 months**, have you noticed a definite change in your memory? NTMEM ☐ 0. No ☐ 1. Yes

If yes,

5.1 Has your memory gotten better or worse? ☐ 0. Worse NTMEMS ☐ 1. Better

6. **In the past 12 months,** have you experienced unusual hair loss to the point of being noticed by others or requiring a wig? NTHAIR ☐ 0. No ☐ 1. Yes

7. **In the past 12 months**, have you experienced any changes or abnormality of your skin? NTSKIN ☐ 0. No ☐ 1. Yes

8. **In the past 12 months**, have you been treated for a nutritional deficiency? NT ☐ 0. No ☐ 1. Yes

If yes, which nutrient(s)?

No	Yes		
☐	☐	Multi-Vitamin	NTMV
☐	☐	Vitamin A	NTVA
☐	☐	Vitamin B12	NTVB12
☐	☐	Vitamin D	NTVD
☐	☐	Thiamin (Vitamin B1)	NTTHIA
☐	☐	Potassium	NTPOT
☐	☐	Magnesium	NTMAG
☐	☐	Folate (Folic Acid)	NTFOL
☐	☐	Iron (Ferrous sulfate)	NTIRON
☐	☐	Calcium	NTCAL
☐	☐	Other 1 (Specify: _____)	NTOTH1, NTOTH1S
☐	☐	Other 2 (Specify: _____)	NTOTH2, NTOTH2S
☐	☐	Other 3 (Specify: _____)	NTOTH3, NTOTH3S

9. **In the past 12 months** have you required hospitalization for treatment of a diabetes complication? DMCOMP_M ☐ 0. No ☐ 1. Yes

If yes,

9.1 During your hospitalization, were you treated for any of the following due to diabetes:

No	Yes		
☐	☐	Very high blood sugar or coma	DMHIG_M
☐	☐	Ketoacidosis	DMKETO_M
☐	☐	Severe skin infection (cellulitis)	DMCELL_M
☐	☐	Low blood flow to the toes, foot, or leg (claudication)	DMFLO_M
☐	☐	Amputation of the toes, foot, or leg	DMAMP_M
☐	☐	Nausea and vomiting due to gastroparesis	DMGAS_M
☐	☐	Kidney failure or other kidney complication	DMKID_M
☐	☐	Other (Specify: _____)	DMOT_M, DMOTS_M

10. Do you snore? ☐ 0. No ☐ 1. Yes ☐ -3. Don't know **YOUSNORE**

11. Has anyone noticed that you quit breathing during your sleep? **SLPAPNEA**

☐ 1. Nearly every day
☐ 2. 3 – 4 time a week
☐ 3. 1 – 2 times a week
☐ 4. 1 – 2 times a month
☐ 5. Never or nearly never
☐ -3. Don't know

12. How much sleep do you usually get a night on weekdays or workdays? **SNIGHT**____ (hours)