

**Metabolic Control RCT
Pre-Existing Conditions Form
tbIPPreExistCond**

HxElicitDt Date History Elicited: Today If not today, enter date: ____ / ____ / _____

1. Does the patient have any past or present medical conditions other than Diabetes Mellitus? Yes No
If No, the form is complete. **PreExistMedCond**

If Yes, check the appropriate disorders/systems, indicate if active and being treated and for the systems, describe the condition and indicate if active and if currently being treated.

System/Condition Note: Enter only one condition per system. If patient has more than one pre-existing condition for a given system, please enter the additional conditions at the bottom of the form where indicated	Description of Pre-Existing Condition	Active?	Currently Being Treated?
<input type="checkbox"/> Hypertension Hypertension	HypertensionDs	<input type="checkbox"/> Yes <input type="checkbox"/> No HypertensionActive	<input type="checkbox"/> Yes <input type="checkbox"/> No HypertensionCurrTrt
<input type="checkbox"/> Elevated Cholesterol ElevChol	ElevCholDs	<input type="checkbox"/> Yes <input type="checkbox"/> No ElevCholActive	<input type="checkbox"/> Yes <input type="checkbox"/> No ElevCholCurrTrt
<input type="checkbox"/> ENT PECENT	PECENTDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECENTActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECENTCurrTrt
<input type="checkbox"/> Cardiovascular PECCard	PECCardDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECCardActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECCardCurrTrt
<input type="checkbox"/> Respiratory PECResp	PECRespDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECRespActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECRespCurrTrt
<input type="checkbox"/> Gastrointestinal PECGast	PECGastDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECGastActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECGastCurrTrt
<input type="checkbox"/> Renal (kidney) PECRenal	PECRenalDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECRenalActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECRenalCurrTrt
<input type="checkbox"/> Genitourinary PECGen	PECGenDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECGenActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECGenCurrTrt
<input type="checkbox"/> Hepatic (Liver) PECHep	PECHepDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECHepActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECHepCurrTrt
<input type="checkbox"/> Endocrine (other than Diabetes Mellitus) PECEndo	PECEndoDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECEndoActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECEndoCurrTrt
<input type="checkbox"/> Neurological PECNeuro	PECNeuroDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECNeuroActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECNeuroCurrTrt
<input type="checkbox"/> Musculoskeletal PECMusc	PECMuscDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECMuscActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECMuscCurrTrt
<input type="checkbox"/> Skin PECSkin	PECSkinDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECSkinActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECSkinCurrTrt

<input type="checkbox"/> Psychological PECPsycho	PECPsychoDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECPsychoActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECPsychoCurrTrt
<input type="checkbox"/> Blood/Lymphatic PECBlood	PECBloodDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECBloodActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECBloodCurrTrt
<input type="checkbox"/> Allergy PECAllergy	PECAllergyDs	<input type="checkbox"/> Yes <input type="checkbox"/> No PECAllergyActive	<input type="checkbox"/> Yes <input type="checkbox"/> No PECAllergyCurrTrt
<input type="checkbox"/> Other: _____ PECOther1 PECOther1Type	PECOther1Ds	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther1Active	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther1CurrTrt
<input type="checkbox"/> Other: _____ PECOther2 PECOther2Type	PECOther2Ds	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther2Active	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther2CurrTrt
<input type="checkbox"/> Other: _____ PECOther3 PECOther3Type	PECOther3Ds	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther3Active	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther3CurrTrt
<input type="checkbox"/> Other: _____ PECOther4 PECOther4Type	PECOther4Ds	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther4Active	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther4CurrTrt
<input type="checkbox"/> Other: _____ PECOther5 PECOther5Type	PECOther5Ds	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther5Active	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther5CurrTrt
<input type="checkbox"/> Other: _____ PECOther6 PECOther6Type	PECOther6Ds	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther6Active	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther6CurrTrt
<input type="checkbox"/> Other: _____ PECOther7 PECOther7Type	PECOther7Ds	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther7Active	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther7CurrTrt
<input type="checkbox"/> Other: _____ PECOther8 PECOther8Type	PECOther8Ds	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther8Active	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther8CurrTrt
<input type="checkbox"/> Other: _____ PECOther9 PECOther9Type	PECOther9Ds	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther9Active	<input type="checkbox"/> Yes <input type="checkbox"/> No PECOther9CurrTrt

COMMENTS FormCmts