



# DIABETES REPORT (Applicant to complete)

<b>1. Name:</b>		<b>2. CAA Client No:</b>	
<b>3. Postal Address:</b>		<b>4. Date of Birth:</b>	Click here to enter a date.
<b>5. Certificate(s) applied for:</b> Class 1 <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 2 – No IFR <input type="checkbox"/> Class 3 <input type="checkbox"/>			
<b>6. DIABETES HISTORY</b>			
<b>a. Diabetes type:</b> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/>		<b>b. Year of diagnosis</b> <input style="width:100px;" type="text"/>	
<b>c. Current Management:</b> (Please provide details below)			
List here each medication and preparation taken (if any) to control your diabetes:, including dose and time			
Any smoking in the past 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>7. Monitoring</b>			
<b>a. Glucose monitoring meter used (if any)</b> <input style="width:150px;" type="text"/>		<b>How often (frequency)</b> <input style="width:100px;" type="text"/>	
<b>b. Do you use a continuous glucose monitoring device (if any monitoring)? If Yes specify type:</b> <input style="width:150px;" type="text"/>			
<b>c. When did you last see the following (if any)</b>			
Dietician	<input style="width:100px;" type="text"/>	General Practitioner	<input style="width:100px;" type="text"/>
Diabetes Nurse	<input style="width:100px;" type="text"/>	Diabetes Specialist	<input style="width:100px;" type="text"/>
<b>If doing self- monitoring of blood sugars, please provide a complete print out of all self-monitoring downloaded readings and their analysis for the past one year. Flying days must be outlined.</b>			
<b>8. Control of diabetes (answer if on treatment other than diet and / or Metformin):</b> In the past 12 months, did you have?			
<input type="checkbox"/> Any episode or symptoms of low blood sugar (Please describe and include frequency, last episode date &).	<input type="checkbox"/> Low blood sugar results <4.1 mmol/L with or without symptoms (please include date / time of low results & attach your log).	<input type="checkbox"/> Hospital admissions, or needed assistance for low blood sugar? (Please include date of last admission / attendance & supply summary).	
<b>9. Complications or Symptoms:</b> Please indicate if there are symptoms or have been any change in the following:			
<input type="checkbox"/> Vision change: (please include date & how changed)		<input type="checkbox"/> Numbness, tingling or feet pain (please include date & type of problem)	
<b>10. Any comments you wish to make?</b>			
<b>11. Applicant's Declaration:</b> I confirm that all the information entered onto this form in response to questions 1 to 9 is true and complete			
<b>Applicant's Signature:</b> To be signed in presence of examining doctor.			<b>Date:</b> Click here to enter a date.



## DIABETES REPORT (ME to complete)

<b>1. Name:</b>	<b>2. CAA Client No.:</b>
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<b>12. EXAMINATION</b>					
<b>a. Medication</b>		<b>b. Cardiovascular system</b>		<b>c. Peripheral Nervous System</b>	
<input type="checkbox"/> Diet	<input type="checkbox"/> Sulphonylurea	Peripheral pulses present	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Microfilament sensation (Feet)
<input type="checkbox"/> Glitazones	<input type="checkbox"/> Insulin	Absence of Bruits	<input type="checkbox"/>	<input type="checkbox"/>	Vibration sense (Feet)
<input type="checkbox"/> Metformin	<input type="checkbox"/> Other	Blood Pressure (Standing)	/		Reflexes (Legs)
		Blood Pressure (Lying)	/		Evidence of Neuropathy (Hands)
<b>d. Weight and change since last GME</b>			<b>e. Other relevant findings</b>		

<b>13. ME check list of tests/investigations</b>	<p>Please provide copies of the following:</p> <p><i>For diabetic on Sulphonylurea or Insulin or potentially hypoglycaemia inducing combination</i></p> <ul style="list-style-type: none"> <li>- Complete print out of all self-monitoring downloaded readings for the past 6 months</li> <li>- Their statistical analysis</li> <li>- Flying days must be outlined</li> </ul> <p><i>All diabetics:</i></p> <ul style="list-style-type: none"> <li>- HBA1c results since last GME</li> <li>- Latest blood lipids, creatinine, eGFR, uric acid</li> <li>- Latest urine albumin/ creatinine ration/ microalbumin (at least annually)</li> <li>- Latest retinal photo screening result - unless already provided within past 2 years</li> <li>- Latest specialist reports (if any) - diabetes specialist / clinic reports / cardiologist / other as relevant</li> </ul>
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<b>14. SUMMARY – ME ASSESSMENT OF DIABETES MANAGEMENT and DISEASE RELATED RISKS</b>					
<b>Management compliance</b>		<b>Control</b>		<b>Cardiovascular Risk</b>	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	10% or more at 5 years	Yes <input type="checkbox"/>
<input type="checkbox"/> Sub Optimal		<input type="checkbox"/> Sub Optimal		Target Organs Damage (microalbuminuria, retinopathy microvascular disease, eGFR <60)	No <input type="checkbox"/>
				Stress ECG (if any)	Date: <a href="#">Click here to enter a date.</a>
				Full tracing and report to be provided	

<b>15. ME comments about stability of current management / risks associated with hypoglycemic episodes or end organ disease:</b> (Comments should include further action recommended.)
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<b>16. Print Examiner's Name and Address</b> (Practice Stamp Preferred)	<b>17. Client's ID</b> (if unknown to ME): Type of photo ID sighted, number and expiry date.
	Client's photographic ID sighted at the medical examination.
	<b>18. Examiner's Declaration:</b> I hereby certify that I personally identified and examined the applicant named on this medical report and that this report, with any attached notes, embodies my examination completely and correctly.
	Date: <a href="#">Click here to enter a date.</a>
<b>Telephone Number:</b>	Examiner signature