



Triangle Veterinary Emergency Clinic

3319 Durham-Chapel Hill Blvd, Durham, NC, 27707

(919) 489-0615

Internal Medicine Questionnaire

Client: _____ Patient: _____ Date: _____

Diabetes Mellitus

Which insulin are you currently using? _____

How long have you been using this type of insulin? _____

Which insulins have you previously used? _____

What type of needle/syringe are you using? _____

What is the dose (units) and at what times are you giving the insulin? _____

Where do you store the insulin? _____

How are you mixing the contents of the bottle? _____

How long have you been using the current bottle of insulin? _____

How often are you buying a new bottle of insulin/replacing the insulin bottle? _____

How many times a day are you feeding your pet, or do you free feed your pet through the day? _____

Where do you administer the insulin injections on your pet? _____

Is this the same area every time or does it vary? _____

Who gives the insulin injections to your pet (please list everyone): _____

What clinical signs is your pet displaying?

Weight:	Loss	Gain	Stable
Appetite:	Increased	Decreased	Normal
Water intake:	Increased	Decreased	Normal
Urination:	Increased	Decreased	Normal
Activity level:	Normal	Abnormal	If abnormal, please explain: _____

Please list any other clinical signs you may be noticing: _____