



Medical chart for diabetic patient admission

Patient label goes here

Date: _____

Type of insulin used _____

Number of units per dose _____

Once per day / twice per day (circle one)

- When was insulin last given (date and time) _____
- What food are you feeding _____
- When was your animal last fed _____
- How often do you feed your animal _____
- Do you leave food out during the day (circle one) **Yes/ No**

Please rate your animal on the following (circle one)

- | | | | | | |
|-----------------|------------------|---|---|-------------------|---|
| 1) Drinking | 1 | 2 | 3 | 4 | 5 |
| | Drinking little | | | Drinking lots | |
| | | | | | |
| 2) Urinating | 1 | 2 | 3 | 4 | 5 |
| | Urinating little | | | Urinating lots | |
| | | | | | |
| 3) Lethargy | 1 | 2 | 3 | 4 | 5 |
| | Not lethargic | | | Very lethargic | |
| | | | | | |
| 4) Appetite | 1 | 2 | 3 | 4 | 5 |
| | Poor appetite | | | Ravenous appetite | |
| | | | | | |
| 5) Coordination | 1 | 2 | 3 | 4 | 5 |
| | Not wobbly | | | Very wobbly | |