ZHAO TCM
TRADITIONAL CHINESE MEDICINE GROUP

In order to get a free sample, please fill the form and email or fax it back to us

email: info@zhaotcm.com
Website: zhaotcm.com
Fax/Tel:403-247-6828

General Info

Name	
Addresss	
City, Province	Postal Code
Daytime phone	
Email	
Sex	☐ Male ☐ Female
Age	
Height (cm)	
Weight (kg)	
Blood pressure (systolic/diastolic)	/
Hemoglobin HbA1C (%)	
What will you want to change	Diabetes, Hypertension, Cold, Hot flushes

Diabetes Management(for Diabetics)

Diabetes Type & History

Type of Diabetes ☐ Pre-Diabetes ☐ Type 1 ☐ Type 2

Year of Diagnosis

Family History Diabetes? ☐ Yes ☐ No ☐ Don't Kno

*If **Yes*** ==> ☐ Mother ☐ Father ☐ Siblings ☐ Children

Diabetes Management

Diabetes Management Method ☐ Diet Only ☐ Insulin ☐ Medication ☐ Insulin & Medicatior ☐ None

Self-Monitoring Methold

Blood Glucose Testing	☐ Yes	☐ No
Urine Glucose Testing	☐ Yes	☐ No
Continuous Glucose Monitoring	☐ Yes	☐ No
Insulin Pump	☐ Yes	☐ No

Prescription Medications (list all medications currently taking)

Medication Name	Dosage & Frequency	Year started

Insulin (list Insulin currently taking)

Insulin Name	Dosage & Frequency	Year started