DIABETES CARE FLOW SHEET

Patient Name:	Physician:
Date of Birth: ❑ Male ❑ Female	Allergies:
Phone:	Diabetes Education: ❑ Referred ❑ Class Completed

DX: ❑ Type 1 ❑ Type 2

Insulin: ❑ Yes ❑ No

Home Monitoring: ❑ Yes ❑ No

Complications: ❑ None ❑ Nephropathy ❑ Retinopathy ❑ Neuropathy ❑ Periph Vasc ❑ Other

Oral Medication: ❑ Yes ❑ No

Tests:	Date:	Date:	Date:	Date:
Height:				
Weight: lb or kg				
BMI: Goal: <25				
Diet Counseling:	❑	❑	❑	❑
Blood Pressure: Goal: <130/80	/	/	/	/
Dilated Eye Exam (Annually): Date of Exam: _____ Doctor: _____	❑ Normal ❑ Retinopathy ❑ Other			
Foot Exam:	❑ Normal ❑ Abnormal ❑ Referred	❑ Normal ❑ Abnormal ❑ Referred	❑ Normal ❑ Abnormal ❑ Referred	❑ Normal ❑ Abnormal ❑ Referred
Exercise Reminder: Goal: 30m x 5d	❑	❑	❑	❑
Depression Assessment: During past month: Bothered by feeling down, depressed or hopeless? Little interest or pleasure doing things?	❑ No ❑ Yes ❑ Referred	❑ No ❑ Yes ❑ Referred	❑ No ❑ Yes ❑ Referred	❑ No ❑ Yes ❑ Referred
Smoker: ❑ Yes ❑ No Cessation Counseling:	❑	❑	❑	❑

Labs:	Date/Result	Date/Result	Date/Result	Date/Result
A1C: (Every 6M controlled) (Every 3M not controlled) Goal: <7.0%				
Microalbumin (Annually): Type of Test: ❑ Microalbumin Creatine Ratio ❑ Random ❑ Microal Dipstick ❑ Timed Goal: <30ug/mg				
ACE/ARB: ❑ Yes ❑ No Name:	❑	❑	❑	❑
Nephrology Referral:	❑	❑	❑	❑

Fasting Lipid Profile (Annually)	Date/Result	Date/Result	Date/Result	Date/Result
Total Cholesterol: Goal: <200 mg/dL				
LDL: Goal: <100 mg/dL				
HDL: Goal: <40 mg/dL men Goal: <50 mg/dL women				
Triglycerides: Goal: <150 mg/dL				

Flu Vaccine (Annually):				
Pneumonia Vaccine: Last Date:				