Diabetes Flow Sheet

Patient Name: ____________________________ DOB: __________________ Insurance ID #: _______________________________

Gender: M F Onset: ____ Physician: _______________________________________

Type of diabetes: Type 1 Type 2 Gestational Other Comorbidities: ____

Diet-Controlled: Y N Medications: ____

Preventive Screenings	Date	Result	Date	Result	Date	Result	Date	Result
Height								
Weight (Each visit)								
Body mass index (Annually)								
Blood pressure (Target <130/80 mmHG each visit)								
ACE, ARB, or Antihypertensive								
Food exam (Each visit)								
Referral:								
Dilated eye exam (Annually - Retinopathy found Y/N?)								
Referral:								
HbA1C (Target <7% [quarterly if changing regimen or poorly controlled; twice yearly if controlled)								
Urinalysis for protein (Annually)								
Microalbuminuria test (Annually)								
Serum Creatinine (Annually)								
Fasting Lipid Profile (Annually)								
LDL (Target <100 mg/dl annually)								
HDL (Annually)								
Triglycerides (Annually)								
Lipid lowering agent								
Diet assessment/daily exercise (each visit)								
Referral:								
Patient Education (Once or as needed)								
Smoking Cessation Discussion (Each visit as needed)								
Pneumovax vaccine								
Flu Vaccination (Annually)								
Dental check up (Twice a year)								

Based on the American Diabetes Association's 2012 Standards of Medical Care in Diabetes. © 2013 These guidelines are available at: http://professional.diabetes.org/CPR_search.aspx. Monitoring noted is considered a minimum and may need to be more frequent based on patient condition and treatment goals and regimen changes. THN-2013-353