

Diabetes Patient Flow Sheet

Patient: _____
 Date of Birth: ____/____/____ ID# _____
 Exercise Recommendations: _____

Blood Glucose Target FBS and ac: _____ to _____
 2 hr pc: _____ to _____
 hs (a snack): _____ to _____

This flow sheet indicates minimum services to be provided in the continuing care of a patient with Diabetes. It is not intended to preclude more intensive evaluation and management where medically indicated.

Unshaded areas indicate the recommended frequency of each service. Shaded areas indicate optional frequency. Date column, record data and initial in appropriate box when each service is performed.

	Visit	Initial	3m	6m	9m	Annual	3m	6m	9m	Annual
	Date									
Physical										
Blood Pressure Goal: <130/80 each regular diabetes visit										
Weight Goal: BMI <27 minimum every visit										
Foot Exam minimum q 6 m, recommended q visit, refer PRN, Sensory Assessment at least q year										
Eyes: Dilated Fundascope Exam results charted yearly; refer to eye care specialist										
Laboratory										
Hemoglobin A1C Goal: <7% quarterly if treatment changes or if not meeting goals at least 2 times/year if stable										
Fasting Lipid Profile Goals: minimum q yr TC <200 mg/dL minimum q 2 yr if at goal HDL >40 men, >50 women LDL < 100mg/dL TG < 150mg/dL	TC: HDL: LDL: TG:					TC: HDL: LDL: TG:				TC: HDL: LDL: TG:
Renal Profile: microalbumin yearly										
Knowledge & Adherence										
Self Management/Education – update (at dx and minimum q 2 yrs) – adherence: minimum q 6 m – MD to provide exercise recommendations, BS goals										
Medical Nutritional Therapy minimum q 6 m, refer to RD or Wt Lost Center PRN										
Review Self Monitor Blood Glucose Log and goals minimum q 3 m										
Tobacco use/counseling referral if user recommended q visit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patient satisfaction with DM program minimum q 6 m										
Current diabetes prescription and dosage										

Adapted from the American Diabetes Association's 2003 Clinical Practices Recommendations