

# DIABETES FLOW SHEET

Name: \_\_\_\_\_ Medical Record #: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Basic Guidelines for Diabetes Care</b>					
Review Self-Glucose Monitoring Results (every visit)					
Blood Pressure (every visit) <b>Target:</b>					
Weight (every visit) / BMI (every visit) <b>Target:</b>					
Foot Exam (every visit)					
Dental Exam (twice per year)					
Dilated Eye Exam (yearly)					
A1C (every 3 months) Lab Range: _____ <b>Target:</b>					
Microalbuminuria (albumin/creatinine ratio) (yearly if urine protein negative)					
Estimated Glomerular Filtration Rate (GFR) (whenever chemistries are checked)					
Cholesterol (yearly) / Triglycerides (yearly) <b>Target:</b>					
HDL (yearly) / LDL (yearly) <b>Target:</b>					
Influenza (yearly) / Pneumococcal & Hepatitis B Immunization (as recommended by CDC)					
Review Diabetes Health Record (DHR) (every visit)					
<b>Self-Management Training</b>					
Behavioral Issues / Depression					
Smoking Cessation (California Smokers' Helpline 1-800-NO-BUTTS)					
Self-Glucose Monitoring / Problem-Solving Skills					
Medication Review					
Nutrition / Weight Management					
Physical Activity					
Sick Day Management					
Hypoglycemia/Hyperglycemia					
Foot Care					
Aspirin Therapy					
Preconception Care					
<b>General Care</b>					
Periodic H&P / Pap or Prostate Exam					
Mammogram / Chest X-Ray					
Screen for Colorectal Cancer					
PPD / Tetanus					
EKG					