

DIABETES VISIT WORKSHEET

Office visit date:

Provider this visit: _____

PCP/Medical Home: Hogwarts Med Clinic

Birth date: 03/13/1933 Age: 72

Gender: M F U

Diabetes	Diabetes: <input type="radio"/> Type 1 <input checked="" type="radio"/> Type 2	Comorbidities	<input type="checkbox"/> CAD	<input checked="" type="checkbox"/> Hypertension
	Year of first diagnosis: 2000		<input type="checkbox"/> PVD	<input type="checkbox"/> Renal Failure/Proteinuria
Patient Goals	Blood pressure: 130/180		<input type="checkbox"/> Foot Ulceration/Amputation	<input type="checkbox"/> Retinal disease
	Weight: 160		<input type="checkbox"/> TIA/Stroke/CVD	<input checked="" type="checkbox"/> Depression
	HbA1c:		<input type="checkbox"/> Peripheral neuropathy	<input type="checkbox"/> None
Functional goal: Play Quidditch matches weekly.		e.g., "Walk to grocery store"		
Home blood glucose monitoring?: Not applicable.		Knows without monitoring.		
		e.g., Only able to test twice a week due to cost of strips		

Recommended blood pressure target < 130/80.

Blood pressure: ____ / ____ Weight: _____

PAST READINGS	Date	BP	Weight	BMI	Height: 5'8"
	01/21/2005	120/80	200	30.4	Obesity
	01/02/2004	136/86	185	28.1	
	10/05/2003	144/88	160	24.0	

✓ Blood pressure target met.

Recommended HbA1c target < 7.0.

Date	Result	Lab
01/24/2005	6.3	Quest
01/06/2004	7.0	Stanford
10/06/2003	7.6	Quest

MORE RECENT VALUE? _____

✓ HbA1c target met. Annual screening up to date

Recommended LDL target < 100 and triglycerides target < 150. If diabetes and cardiovascular disease LDL < 70.

Date	TC	LDL	TG	HDL	Lab
10/06/2005	210	140	70	45	Quest
01/06/2004	189	132	69	43	Stanford
01/24/2003	161	103	87	41	Quest

MORE RECENT VALUES? _____

LDL target NOT met. Consider treating with a Statin or increase dose.

Microalbuminuria	ⓘ Recommend microalbuminuria test at least once annually.			
	LAST TEST	Date: 12/04/2004	Results: _____	Lab: Stanford
	MORE RECENT TEST? _____			
✓ Screening up to date.				

Aspirin	ⓘ Recommend taking at least 81 mg of aspirin a day unless contraindicated.			
	Is patient using Aspirin?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Contraindicated
	✓ Patient on aspirin. Confirm each visit.			

ACE/ARB	ⓘ Consider Ace Inhibitor if hypertension or proteinuria is present.			
	Is patient using ACE inhibitor?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	<input type="radio"/> Contraindicated
	⚠ Consider using ACE/ARB			

Beta Blockers	ⓘ If history of myocardial infarction, beta blocker is recommended unless contraindicated.			
	Is patient using beta blocker?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Contraindicated
	✓ Patient on beta blocker. Confirm use.			

Depression	ⓘ Recommend asking patient two screening questions.			
	1) During the past month have you often been bothered by feeling down, depressed or hopeless?	<input type="radio"/> Yes	<input type="radio"/> No	
	2) During the past month have you often little interest or pleasure in doing things?	<input type="radio"/> Yes	<input type="radio"/> No	
	INTERVENTION			
	<input type="checkbox"/> Ongoing counseling	<input checked="" type="checkbox"/> On anti-depressant meds	<input type="checkbox"/> Referred counseling	<input type="checkbox"/> Prescribed anti-depressant meds

Retinal	ⓘ Recommended annually for Type 2 diabetes and after 5 years for Type 1 diabetes.			
	<input type="checkbox"/> Referred for retinal exam this visit?	_____		
		Provider's name		
	LAST EXAM RECORDED	Date: 02/24/2005	Provider: Clear Vision	
	MORE RECENT EXAM? _____			
✓ Retinal screening up to date.				

Oral

ⓘ Dental exams are recommended at least twice yearly. Hygiene visit two to four time a year.

Does patient have regular source of dental care? Yes No **Dentist:** Dr. Toothman

Grade 1: No visible disease

Grade 2: Red or Swollen gums

Grade 3: Severe dental disease. Mouth pain. **⚠ Recommend patient seek immediate dental care.**

Foot

Feet examined this visit? Yes No Not applicable

Referred to podiatrist for new problem: _____
Doctor's or Nurse name

PREVIOUS EXAM Date: 12/04/2004 **Doctor:** Dr. Footman

Smoking

Does patient smoke? Yes No Counseled this visit

Education

Diabetes education referral this visit? Yes No Patient refused

<p>SEND REFERRAL</p> <p><input type="checkbox"/> Diabetes Health Center</p> <p><input type="checkbox"/> Dominican Lifestyle Center</p> <p><input type="checkbox"/> SCMF Health Education</p>	<p>LAST DIABETES EDUCATION VISIT</p> <p>Date: 11/10/2004 Provider: Diabetes Health Center</p>
---	---

Immunization

LAST FLU SHOT: **Date:** 10/05/2001 Given today Given elsewhere _____
mm/dd/yyyy

LAST PNEUMOCOCCAL SHOT: **Date:** 10/13/1999 Given today Given elsewhere _____
mm/dd/yyyy

Pharmacy Data

Drug Name/Dose	Drug Class	Prescription Will Last	First Filled Date	Usage %	Prescribing Provider
Glyburide 2.5 mg tab	Oral hypoglycemic	90 days	12/24/2004	94	Dr. Pill
Lovastatin 20 mg	Cholesterol lower	90 days	02/28/2004	80	Dr. Pill
Atenolol 50 mg	Beta blocker	90 days	10/10/2003	96	Dr. Pill

Physician Notes

OPTIONAL CLINICIAN'S NOTE: