

# VISIT WORKSHEET SUMMARY

**Patient:** Harry Potter  
**Date:** \_\_\_\_\_  
**Provider:** \_\_\_\_\_  
**Birth date:** 07-03-1933  
**Diabetes:** Type 2  
**Dx year:** 08-15-2000

- COMORBIDITIES**
- CAD
  - PVD
  - Foot Ulceration/Amputation
  - TIA/Stroke/CVD
  - Peripheral neuropathy
  - Hypertension
  - Renal Failure/Proteinuria
  - Retinal disease
  - Depression
  - None

**VITALS**

**Last Visit**

BP \_\_\_\_\_ 120/80

Pulse \_\_\_\_\_

Weight \_\_\_\_\_ 237 lbs

Height 5'5"

Respiration rate \_\_\_\_\_

	Yes	No	N/A
Smoking?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Check feet daily?	<input type="radio"/>	<input type="radio"/>	
Glucose monitoring?	<input type="radio"/>	<input type="radio"/>	
S/Sx Hypoglycemia?	<input type="radio"/>	<input type="radio"/>	
S/Sx Hyperglycemia?	<input type="radio"/>	<input type="radio"/>	

**In last month:**

- Feeling down, depressed or hopeless?
- Often little interest or pleasure in doing things?

*History since last visit & Self Management Goals:*

	Yes	No	Contraindicated
Aspirin?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beta Blocker?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACE/ARB?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**CURRENT MEDS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LABS	Cholesterol	TC	LDL	TG	HDL
	10/06/2005	210	140	70	45
LABS	HgbA1c	Result			
	10/06/2005	6.3			
LABS	Microalbuminuria				
	07/24/2005				

	N	NE	Ab	Comments
<b>Physical Exam</b>				
Fundi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oral Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foot Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulses,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Color	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Assessment Plan:*

**Obesity**

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

**Instruct**

- Foot Care
- Retinopathy
- Diabetes & CAD
- Diet and Exercise

Other \_\_\_\_\_

**Referrals**

- Ophthalmology
- Cardiology
- Podiatry
- Diabetes Health Ed

Other \_\_\_\_\_

	Last given	Given today
Flu Shot	10/06/2005	<input type="checkbox"/>
Pneumovax	10/06/2005	<input type="checkbox"/>