

Diabetes Care Flowsheet: Version 1

Patient Name: _____ DOB: _____ MR Number _____
 Phone Number: _____ Type of Diabetes (1 or 2): _____ Date of Onset: _____
 Co-Morbid Conditions: _____

	Frequency*	Date	Date	Date	Date	Date	Date	Date	Date	Date
Physical Findings										
BP < 130/80	Every Visit									
Weight (BMI kg/m ²)	Every Visit									
Retinal Screening	Annually									
Inspect Feet	Every Visit									
Comprehensive LE exam w/ monofilament	Annually									
Assess Oral Health	Every 6-12 months									
Laboratory Tests										
A1c < 7%	Quarterly									
Albumin/Creatinine ratio <30mg/gm	Annually/Periodic									
Estimated GFR	Annually									
LDL < 100 mg/dl (<70 optional w/ CVD)	Annually									
HDL > 40 mg/dl men > 50 mg/dl women	Annually									
Triglycerides <150 mg/dl	Annually									
Mgmt Plan										
Review BG record	Every visit									
Diet and Exercise	Every visit									
Self Mgmt Goals	Every visit									
Monitor Meds (Statin, ACE/ARB, Hypoglycemics)	Every visit									
Prevention/Lifestyle										
Daily Aspirin	Every visit									
Pneumo. Vaccine	At least once									
Influenza Vaccine	Annually									
Smoking Cessation	Every Visit									
Preconception Counseling	Every Visit									
Diabetes Education	As indicated									
Depression Screening	As indicated									

* **Every visit = diabetes focused visit which is recommended every 3-6 months and more often if needed.**

These clinical guidelines (revised 4/03/2006) are designed to assist clinicians in managing adult patients with diabetes and are not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition.

For references or additional copies go to www.coloradoguidelines.org or call 720-297-1681.