

Diabetes Care Flowsheet: Version 2



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

Every Visit*

Date										
BP <130/80										
Weight (BMI kg/m ²)										
Inspect Feet										
Smoking Cessation										
Preconception Counseling										
Daily Aspirin										
Monitor meds (Statin, ACE/ARB, Hypoglycemics)										
Diet and Exercise										
Self Mgmt Goals										
Review BG record										

Quarterly

Date										
A1c < 7%										

Annual/Periodic

Date										
Retinal Screening										
Comp LE exam w/ monofilament										
Assess Oral Health										
LDL <100 mg/dl (<70 optional w/ CVD)										
HDL >40 mg/dl men >50 mg/dl women										
Triglycerides <150 mg/dl										
Albumin/Creatinine ratio <30mg/gm										
Estimated GFR										
Influenza Vaccine										
Pneumo. Vaccine										
Diabetes Education										
Depression Screen										

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