

# For Better Practice: Diabetes Care Flow Sheet

Patient name: \_\_\_\_\_

ID/Insurance #: \_\_\_\_\_

1. Record today's date in the "Dates of Service," "Dates of Results," etc., row.
2. Note compliance or record values in appropriate boxes.

## History

Dates of Service						
Diabetes history and self-management history taken or updated						

(See *Diabetes History and Self-Management Checklist* in this chapter of the toolkit.)

## Physical Examination

Dates of Service						
Blood pressure—every visit						
Weight—every visit						
Body mass index—every visit						
Foot examination Inspect every visit; full exam annually	Sensory (monofilament)					
	Pulses					
	Vibratory sensation					
Dilated eye exam—annually						

(See *Standing Orders* in this chapter of the toolkit.)

## Laboratory Values

Dates of Results						
Hemoglobin A1C—3 times/year						
Urine microalbumin—annually						
Cholesterol—annually						
Triglycerides—annually						
HDL cholesterol—annually						
LDL cholesterol—annually						

(See *Standing Orders* in this chapter of the toolkit.)

### Primary and Secondary Prevention

Date of Last Medication and Dosage							
Aspirin or other antiplatelet drug	Drug						
	Dose						
Angiotensin-converting enzyme inhibitors or angiotensin II receptor blockers	Drug						
	Dose						
Statin or other lipid-lowering drug	Drug						
	Dose						
	Drug						
	Dose						
	Drug						
	Dose						
	Drug						
	Dose						
	Drug						
	Dose						

(See *Drugs for Primary or Secondary Prevention of Cardiovascular and Kidney Disease Checklist* in this chapter of the toolkit.)