MEDICAL RECORD - DIABETES FLOW SHEET

For use of this form see MEDCOM Circular 40-8

1. PRIMARY PROVIDER: _____

2. DIAGNOSIS: ☐ TYPE 1 DM ☐ TYPE 2 DM DATE OF ONSET: _____

WITH: ☐ HTN _____ ☐ CAD _____ ☐ PVD _____ ☐ DYSLIPIDEMIA _____

☐ NEUROPATHY _____ ☐ RETINOPATHY _____ ☐ NEPHROPATHY _____

☐ PSYCHOSOCIAL _____ ☐ OTHER _____ ☐ OTHER _____

3. DATE OF INITIAL DIABETIC EDUCATION: _____

	DATE OF VISIT (*Month & Year*):									
4. MONITORED ITEM	**DQIP TARGET**	**PT GOAL**	**TEST RESULTS**							
a. BMI										
b. BP	% < 140/90									
c. HbA1C	% Highest Risk > 9.5									
d. LDL	% < 130									
e. Micro Alb	% Assessed									
f. Serum CR	% Assessed									
g. Dilated Eye Exam	% Assessed									
h. Foot Exam	% Assessed									
i. Education Update										
j.										
5. REFERRALS										
a. DIABETES EDUCATION/CASE MANAGEMENT										
b. ENDOCRINOLOGY										
c. NEPHROLOGY										
d. NUTRITION THERAPY										
e. OPHTHALMOLOGY/OPTOMETRY										
f. PODIATRY										
g. TOBACCO CESSATION										
h.										
i.										
6. PCM CONSIDERATIONS										
a. ACE INHIBITORS										
b. ASA q DAY										
c. ANNUAL FLU VACCINE										
d. PNEUMONIA VACCINE										
PROVIDER INITIALS:										

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)*