

Diabetes Care Flow-sheet

Patient name: _____ **DOB:** _____
Date of diagnosis: _____ T1DM T2DM Pre-diabetes

EXAM/ TEST	Date:	Date:	Date:	Date:	Date:	Date:
ANTHROPOMETRIC						
Height						
Weight						
BMI						
Waist circumference						
SELF-MANAGEMENT (discuss with patient)						
Diabetes education						
Nutrition						
Physical activity						
Mental health						
Alcohol						
Smoking						
Patient care plan						
EVERY VISIT (3-6 months)						
Review SMBG log						
HbA1c						
BG goals met						
Blood pressure						
Foot care						
ANNUAL						
Lipid profile - TC						
- LDL						
- HDL						
- Triglycerides						
Foot exam						
Eye exam						
Neuropathy						
Kidney						
- ACR ratio						
- eGFR						
Microalbuminuria						
Immunizations						
- Influenza						
- Pneumococcus						At least one lifetime pneumococcal immunization required
WELL PERSON SCREENS						
Dental						
Mammogram						
PAP / PSA						
Breast/Prostate exam						
Colonoscopy						
Other						