TYPE 2 DIABETES PROGRESS NOTE FOR GROUP VISITS

Date: ______________________

Patient Name: ________________________________ Patient ID #: ______________________

Subjective:

Any history of hypoglycemia? _______________________________________________________

Current activity level

☐ No activity ☐ Moderate (2-3 times per week) ☐ Moderate (4-6 times per week)
☐ Vigorous (4 or fewer times per week) ☐ Vigorous (5 or more times per week)

Fat intake

☐ High ☐ Medium ☐ Low ☐ Ultra low

Most common fat intake ____________________________________________________________

Produce serving intake

☐ Less than 2 daily ☐ 3 to 4 daily ☐ 5 or more daily

Pertinent past medical history: (See patient chart for details)

Meds: (See med list for details)

Tobacco use: ☐ Current ☐ Ex ☐ Never

Objective: (labs with month/year)

Weight _____ BP _____ / ______

Last monofilament foot exam (date _____ / ______): ______

Recent lipid profile (date _____ / ______): TC/HDL (date _____ / ______): ______ / ______

LDL _____ TG ______

FBS (date _____ / ______): ______ or HbA1c (date ______ / ______): ______

Creatinine (date ______ / ______): ______

Urine microalbumin (date _____ / ______): ______

Last retinal screening: ____________

Assessment:

Type 2 diabetes (☐ at target /☐ not at target); (☐ with /☐ without complications)

Plan:

1. Reviewed management of HbA1c .
2. (New Rx: ________________________________)
3. (Labs due: ________________________________)
4. Recommended ASA daily.
5. Encouraged activity.
7. Reviewed med options: risks, benefits and side effects (including ACE inhibitors).
8. Discussed targets and management of lipids, HTN and proteinuria.
9. Spent more than 50 percent of this 105-minute visit in counseling re: therapy options and management of diabetes.

Signed: _________________________________