

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.
6. Encouraged diet.
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: _____