## Diabetes Flow Sheet

**HbA1c, 7% (q 4-6 months)**
- **Date:**
- **Result:**
- **Date:**
- **Result:**

**Blood pressure 130/85 mm Hg**
- **Date:**
- **Result:**
- **Date:**
- **Result:**

**BUN/Creatinine ratio 8-22/0.4-1.1 mg/dL (annual)**
- **Date:**
- **Result:**

**Urine albumin/Creatinine 0-20 mg/L (annual)**
- **Date:**
- **Result:**

**Lipids (annual)**
- **Date:**
- **Chol:**
- **Trig:**
- **HDL:**
- **LDL:**

**Retinal exam (annual) Doctor: ________________________**
- **Date:**

**Foot screening (annual) High risk:  ❋ Yes ❋ No**
- **Date:**

**Self-management**
- **Date:**
- **Goal:**

- ❋ Diabetic education  ❋ Dietary consult  ❋ Home blood glucose monitoring  ❋ ADA membership

**CAD Status:**  ❋ Past MI  ❋ CABG  ❋ PTCA  ❋ Current angina  ❋ No history

**Smoking Status:**  ❋ Nonsmoker (since ________)  ❋ Smoker (PPD _____)

**ACE Inhibitor:**  ❋ Yes  ❋ No  ❋ Microalbuminuria  ❋ Hypertension

**Aspirin Use:**  ❋ Yes  ❋ No  (If no, specify reason: ___________________________)

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