



# ROUTINE DIABETES ENCOUNTER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is your goal for this visit? \_\_\_\_\_

What is the most difficult issue for you in managing your diabetes? \_\_\_\_\_

Next step to health successfully accomplished:  Y  N

Comments: \_\_\_\_\_

**S:** Feeling well:  Y  N

Comments: \_\_\_\_\_

Home SBG results reviewed:  Y  N *Action if FBS > 140; 1-2 hr PP > 200*

Physical activity: (#) \_\_\_\_\_ times/week

Diet adherence:  Y  N

Tobacco use:  Y  N

ASA use ( age 40):  Y  N

ACE inhibitor prescribed if age 55 or risk factor for CAD:  Y  N

Previous phone call dated: (m/d/y) \_\_\_\_\_ Discussed: \_\_\_\_\_

### ROS:

Vision problems:  Y  N      Numbness:  Y  N      Hypoglycemia:  Y  N

Chest pain:  Y  N      Nausea; vomiting;diarrhea:  Y  N

### Medications:

Med list reviewed and accurate  Y or list: \_\_\_\_\_

**O:** Vital Signs: Temperature: \_\_\_\_\_ B.P.: \_\_\_\_\_ Pulse: \_\_\_\_\_ Weight: \_\_\_\_\_ BP Repeat: \_\_\_\_\_

Cardiovascular exam:  Normal  Abnormal

If high risk: Visual foot exam:  Poor circulation  Problematic toenails  Foot deformity

Ulcer  Pre-ulcer callous/pressure point  Tinea pedis

Lab reviewed: HgbA1C \_\_\_\_\_ Lipids \_\_\_\_\_ Other \_\_\_\_\_

Current (within past year): Retinal eye exam \_\_\_\_\_ Urine for protein \_\_\_\_\_ BUN/Creatinine \_\_\_\_\_ Neurofilament exam \_\_\_\_\_

**A:** Diabetes Mellitus Type (I,II) Control: good poor

401.1 Hypertension:BP at goal  Y  N

272.0 Hypercholesterolemia:Cholesterol at goal  Y  N

275.00 Obesity

Other

continued ►

# ROUTINE DIABETES ENCOUNTER continued

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**P:** Patient's next step to health: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication changes: \_\_\_\_\_  
\_\_\_\_\_

Next visit: \_\_\_\_\_  Routine  Recal  Follow-up problem

Revisit promptly should new symptoms develop

Schedule dilated eye exam

Lab:When \_\_\_\_\_

HgbA1C  Fasting Lipid panel  SGOT  BUN/Creatinine  Urine for Albumin/Creatinine

Phone call follow-up: Scheduled for (m/d/y) \_\_\_\_\_ by: (name) \_\_\_\_\_

Education:

Discussed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Handouts given: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral to: \_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ICD-9 Diagnostic Codes:**

250.00 type 2 DM w/o complication,controlled

250.01 type 1 DM w/o complication,controlled

250.02 type 2 DM,uncontrolled

250.03 type 1 DM,uncontrolled

250.40 DM with renal manifestations

250.60 DM with neurological manifestations

250.70 DM with peripheral circulatory manifestations (such as gangrene, not atherosclerosis)

250.80 Diabetic hypoglycemia