A group-visit progress note form

This progress note form was developed as part of a group-visit program for patients with type 2 diabetes. It is designed to enable physicians to complete much of their documentation prior to the group visit. It’s always necessary to make additions and changes during the patient encounter, but preparing for group visits with a form like this one can help you to proceed more efficiently.

**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 less 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 \_\_\_\_\_\_/\_\_\_\_\_\_ 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:

### Reviewed management of HbA1c .

1. (New Rx: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
2. (Labs due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

### Recommended ASA daily.

### Encouraged activity.

### Encouraged diet.

### Reviewed med options: risks, benefits and side effects (including ACE- inhibitors).

### 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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