DIABETES ENCOUNTER FORM (GROUP VISITS)

Date:	
Patient Name:	Patient ID #:
Subjective:	
Any history of hypoglycemia?	
Current activity level	
\square No activity \square Moderate (2-3 times per week) \square M	oderate (4-6 times per week)
\square Vigorous (4 or fewer times per week) \square Vigorous (5 or	r more times per week)
Fat intake	
\square High \square Medium \square Low \square Ultra low	
Most common fat intake	
Produce serving intake	
\square Less than 2 daily \square 3 to 4 daily \square 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 e	exam (date /):
Recent lipid profile (date /): TC/HDL (date	/): / LDL TG
FBS (date /): or HbA1c (date	/):
Creatinine (date /): Urine microall	bumin (date /):
Last retinal screening:	
Assessment:	
Type 2 diabetes (\Box at target / \Box not at target); (\Box with / \Box w	vithout complications)
Plan:	
1. Reviewed management of HbA1c.	7. Reviewed med options: risks, benefits and side effects (includ-
2. (New Rx:)	ing ACE inhibitors).
3. (Labs due:)	Discussed targets and management of lipids, HTN and proteinuria.
4. Recommended ASA daily.	9. Spent more than 50 percent of this 105-minute visit in coun-
5. Encouraged activity.	seling re: therapy options and management of diabetes.
6. Encouraged diet.	
Signed:	



 $\textit{FPM Toolbox} \ \ \text{To find more practice resources, visit https://www.aafp.org/fpm/toolbox.}$

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