

DIABETES ENCOUNTER FORM (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: _____



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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