

DIABETES FLOW SHEET

Name: _____ Date of birth: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____)



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

Developed by the editors of *FPM*. Copyright © 2000 American Academy of Family Physicians. Physicians may duplicate or adapt for use in their own practices; all other rights reserved. Related article: <https://www.aafp.org/fpm/2000/0600/p60.html>.