

DIABETES ENCOUNTER FORM

Name: _____ Date: _____

What is your goal for this visit? _____

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

Patient's 'next step to health' goal (set at previous visit) successfully accomplished: Yes No

Comments: _____

S: Feeling well: Yes No

Comments: _____

Home SBG results reviewed: Yes No N/A Action if FBS > 140; 1-2 hr PP > 200

Physical activity: (#) _____ times/week Diet adherence: Yes No Tobacco use: Yes No

ASA use (> 10% risk CVD): Yes No ACE inhibitor prescribed if age ≥ 55 or risk factor for CAD: Yes No

Statin prescribed (≥ age 40): Yes No

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

ROS:

Vision problems: Yes No Numbness or tingling: Yes No Hypoglycemia: Yes No

Chest pain: Yes No Nausea; vomiting; diarrhea: Yes No

Ulcerations or sores: Yes No Pain in legs when walking: Yes No

Medications: Med list reviewed and accurate: Y or list: _____

O: Vital Signs: Temperature: _____ BP: _____ 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: A1C: _____ Lipids: _____ Other: _____

Current (within past year): Retinal eye exam: _____ Urine for protein: _____

BUN/Creatinine: _____ Neurofilament/pedal pulse exam: _____

A: Diabetes Mellitus Type I II Control: good poor

Hypertension: BP at goal Y N

Hypercholesterolemia: Taking a statin daily Y N Not indicated

Obesity

Other

continued ►



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

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P: Patient's next step to health: _____

Medication changes: _____

Next visit: _____ Routine Follow-up problem Other _____

Revisit promptly should new symptoms develop

Schedule dilated eye exam

Lab: When _____

A1C 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's signature: _____ Date: _____

Common ICD-10 Codes

E11.9 Type 2 diabetes mellitus without complications

E11.65 Type 2 diabetes mellitus with hyperglycemia

E11.649 Type 2 diabetes mellitus with hypoglycemia without coma

E11.329 Type 2 diabetes mellitus with mild nonproliferative diabetic retinopathy without macular edema

E11.22 Type 2 diabetes mellitus with diabetic chronic kidney disease

E11.42 Type 2 diabetes mellitus with diabetic polyneuropathy

Z79.4 Long term (current) insulin use