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

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) ______________ Discuss: ______________________________

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: ____________________________________________


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

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

Developed by Family Care Network. 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/2000/0900/p51.html. Updated: November 2015.
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