

## ROUTINE DIABETES ENCOUNTER

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:  Y  N

Comments: \_\_\_\_\_

**S:** Feeling well:  Y  N

Comments: \_\_\_\_\_

Home SBG results reviewed:  Y  N  N/A Action if FBS > 140; 1-2 hr PP > 200

Physical activity: (#) \_\_\_\_\_ times/week

Diet adherence:  Y  N

Tobacco use:  Y  N

ASA use (≥ age 40):  Y  N

ACE inhibitor prescribed if age ≥ 55 or risk factor for CAD:  Y  N

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

### ROS:

Vision problems:  Y  N Numbness:  Y  N Hypoglycemia:  Y  N

Chest pain:  Y  N Nausea; vomiting; diarrhea:  Y  N

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 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

## ROUTINE DIABETES ENCOUNTER continued

**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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Common ICD-9 Codes:

- 250.00 type 2 DM w/o complication, controlled
- 250.01 type 1 DM w/o complication, controlled
- 250.02 type 2 DM, uncontrolled
- 250.03 type 1 DM, uncontrolled
- 250.40 DM with renal manifestations
- 250.60 DM with neurological manifestations
- 250.70 DM with peripheral circulatory manifestations  
(such as gangrene, not atherosclerosis)
- 250.80 Diabetic hypoglycemia

### 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