

## ROUTINE DIABETES ENCOUNTER

Name: \_\_\_\_\_ Date: \_\_\_\_\_

What is your goal for this visit? \_\_\_\_\_

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

Next step to health successfully accomplished:  Y  N

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

**S:** Feeling well:  Y  N

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

Home SBG results reviewed:  Y  N

Action if FBS > 140; 1-2 hr PP > 200

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

Diet adherence:  Y  N

Tobacco use:  Y  N

ASA use ( $\geq$  age 40):  Y  N

ACE inhibitor prescribed if age  $\geq$  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: \_\_\_\_\_ B.P.: \_\_\_\_\_ 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: HbA1c: \_\_\_\_\_ 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

401.1 Hypertension: BP at goal  Y  N

272.0 Hypercholesterolemia: Cholesterol at goal  Y  N

275.00 Obesity

Other

## ROUTINE DIABETES ENCOUNTER continued

P: Patient's next step to health: \_\_\_\_\_

Medication changes: \_\_\_\_\_

Next visit: \_\_\_\_\_  Routine  Recal  Follow-up problem

Revisit promptly should new symptoms develop

Schedule dilated eye exam

Lab: When \_\_\_\_\_

HbA1c  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: \_\_\_\_\_

### ICD-9 Diagnostic 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