

DIABETIC FLOW SHEET

Patient: _____ Diagnosis ____ / ____ / ____ BMI: _____
 DOB: ____ / ____ / _____ ASA/Plavix Yes No Smoking: Y N Quit

MACROVASCULAR								
<i>Date</i>								
HTN (Goal 130/80)								
Lipid Profile (q 6 mo)								
• LDL goal <100								
• TG goal < 150								
• HDL goal > 54								
• LFTs								
• CAD testing								
MICROVASCULAR								
<i>Date</i>								
Fingerstick glucose								
HbA1C < 7.0 (q 3 mo)								
Creatinine (q 6 mo)								
Microalb/Creatinine (q yr)								
• If >30 add ACE/ARB								
24° Creatinine Clearance								
Foot Inspection								
Foot Sensory Exam								
Podiatry/Ortho Referral?								
Ophtho Exam (q year)								
Immunizations reviewed?								
EDUCATION								
I – Emergency care + MD								
II – Self monitoring sugar								
III – Medications								
IV – Nutrition								
V – Exercise								
Notes:								