

DIABETIC FLOW SHEET

Patient Name: _____ Age: _____

Diagnosis: _____ PCP: _____

INDICATORS	1999	2000	2001	2002	2003
Hemoglobin A1c ~ q. 6 month					
Lipids ~ annually					
~ Cholesterol					
~ Triglycerides					
~ LDL					
~ HDL					
Urine ~ annually					
~ Microalbumin					
~ If positive..... ? ACE					
~ Proteinuria					
Eye Exam ~ annually					
~ Retinopathy					
~ Ophthalmologist					
Foot Exam ~ q. 6 month					
~ Sensation					
~ Inspection					
~ Pulses					
Home glucose Monitoring					
Blood Pressure					
Weight					
Dietary counseling					
Smoking					
~ If positive....? counseling					
Complications					
~ Hypoglycemia					
~ Chest Pain					
~ Neuropathy					
~ Claudication					
~ Vision					
~ DKA					
~ Hospitalization					

Diabetic Flowsheet

PATIENT EDUCATION

PLEASE CHECK/INITIAL WHAT HAS BEEN DISCUSSED (PRN)

Diet _____ Referred to Dietician _____

Referred to Diabetic Educator _____ Date of that visit: _____

Exercise _____ Activity/ADLs _____

Hypertension _____ Foot Care _____

Eye exams _____ Vaccines (flu/pneum.) _____

Blood work _____ Finger sticks _____

Neuropathy _____ Meds _____

Sick Days _____ Medalert Bracelet _____

Care of Insulin _____ Injections _____

Support Group _____ Feelings _____

ADA _____ Pregnancy _____