

DIABETES FLOW SHEET



NAME _____

DATE OF BIRTH _____

HbA_{1c} 7% (q 4-6 months)

Date:									
Result:									
Date:									
Result:									

Blood pressure 130/85 mm Hg

Date:									
Result:									
Date:									
Result:									

BUN/Creatinine ratio 8-22/0.4-1.1 mg/dL (annual)

Date:									
Result:									

Urine albumin/Creatinine 0-20 mg/L (annual)

Date:									
Result:									

Lipids (annual)

Date:									
Chol:									
Trig:									
HDL:									
LDL:									

Retinal exam (annual) Doctor: _____

Date:									
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Foot screening (annual) High risk: Yes No

Date:									
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Self-management

Date:									
Goal:									

Diabetic education Dietary consult Home blood glucose monitoring ADA membership

CAD Status: Past MI CABG PTCA Current angina No history

Smoking Status: Nonsmoker (since _____) Smoker (PPD _____)

ACE Inhibitor: Yes No Microalbuminuria Hypertension

Aspirin Use: Yes No (If no, specify reason: _____)

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 "Using Flow Sheets to Improve Diabetes Care." White B. *Family Practice Management*. June 2000:60-62, <http://www.aafp.org/fpm/20000600/60usin.html>.

