Diabetes Mellitus Flow Sheet*

Developed by the **New York Diabetes Coalition****
Based on the American Diabetes Association Clinical Recommendations.
Visit www.diabetes.org for full recommendations.

Name: ______________________

ID/SSN/MRN: ______________________

DOB: ______________________

Height: ______ Date Recorded: ____________ Sex: ☐M ☐F Other Care Clinicians: ______________________

Record date of visit at top of column and results of any ordered test in the appropriate box below. Check the box when item complete (✔), or mark with "D" if patient declined.

EXAMINATION/TEST Date	/ /	/ /	/ /	/ /
Complete History and Physical Exam (including risk factors, exercise, and diet history) Initial visit and annual at discretion of clinician	☐	☐	☐	☐
Blood Pressure Every visit Goal: <130/80	☐	☐	☐	☐
Weight/BMI Every visit Goal: BMI≥18.5≤ 25	☐	☐	☐	☐
Comprehensive Foot Exam Every visit Sensory, visual and vascular inspection, without shoes and socks	☐	☐	☐	☐
Dilated Eye Exam TYPE 1: Annual, beginning 5 years from onset TYPE 2: Annual	☐	☐	☐	☐
Dental Every 6 months Evaluate teeth and gums, refer to dentist	☐	☐	☐	☐
A1C Every 3-6 months Goal: <7.0%.	☐	☐	☐	☐
Fasting Lipid Profile Annual Goal: LDL<100 mg/dl; Triglycerides<150 mg/dl HDL>50 mg/dl for women; >40 mg/dl for men	☐	☐	☐	☐
Urine Microalbumin/Creatinine Annual Perform test on spot urine >30ug alb/mg creatinine is abnormal	☐	☐	☐	☐
Estimated Glomerular Filtration Rate (See NYDC guidelines)	☐	☐	☐	☐
Flu Vaccine Annual	☐	☐	☐	☐
Pneumovax Per NYDC Guidelines	☐	☐	☐	☐
High Risk Behaviors Smoking Alcohol	☐Yes ☐No ☐Counseled ☐Yes ☐No ☐Counseled	☐Yes ☐No ☐Counseled ☐Yes ☐No ☐Counseled	☐Yes ☐No ☐Counseled ☐Yes ☐No ☐Counseled	☐Yes ☐No ☐Counseled ☐Yes ☐No ☐Counseled
Psychosocial Adjustment Screen for depression	☐	☐	☐	☐
Diabetes Education Initial visit and at clinician's discretion	☐	☐	☐	☐
Nutrition Counseling Initial visit and at clinician's discretion	☐	☐	☐	☐
Assessment of Hyper/Hypoglycemia (review signs, symptoms and treatment)	☐	☐	☐	☐
List Current Medications (including aspirin, over-the-counter, and complementary and alternative medicine)	☐	☐	☐	☐
Comments (e.g. assessment of complications, adherence to plan, follow up, referrals, etc.)				
Signature / Initials				

*American Diabetes Association, Standards of Medical Care for Patients with Diabetes Mellitus, Diabetes Care Vol. 28, Supplement 1, Clinical Recommendations, January, 2006

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