

# DIABETES FLOW SHEET

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

HbA1c 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									
Foot screening (annual)    High risk <input type="checkbox"/> Yes <input type="checkbox"/> No									
Date									
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: \_\_\_\_\_)



**FPM Toolbox** To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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