

# DIABETES MELLITUS PATIENT CHECKLIST

ID or SS #: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M  F  First Date Seen \_\_\_\_\_

Date of Visit or Date of Result	Date	Result	Date	Result	Date	Result	Date	Result
<b>Periodic Assessment:</b>								
Height								
Weight								
BMI								
BP (adult target less than) 130/80)								
Foot Exam								
Tobacco Use: YES								
Tobacco Use: NO								
Tobacco Use : FORMER								
Tobacco Use: NEVER								
Cardiovascular Risk Assessment								
Depression Screening								
<b>Lab Tests and Other Studies:</b>								
HbA1C: # (goal: less than 7)								
LDL: # (goal: less than 100 mg/dl)								
HDL:#								
Triglycerides: #								
Urine Protein: #								
Urine microalbumin if UA ≥ 1+ protein:								
Dilated Eye Exam (date performed yearly)								
<b>Counseling</b>								
Nutrition								
Exercise								
Foot Care								
C/V risk reduction: <b>Blood Pressure</b>								
C/V risk reduction: <b>Weight</b>								
C/V risk reduction: <b>Lipids</b>								
Glycemic control								
Tobacco Use: <b>Counseling</b>								
Tobacco Use: <b>Smoke Cessation Class</b>								
Tobacco Use: <b>Medication</b>								
Pre-conception counseling								
<b>Medical Recommendations (at each visit until therapeutic goals are achieved)</b>								
ACE inhibitors prescribed for hypertension or albuminuria>30mg/24hr or albumin:creatinine ration>30mg/g								
Management of cardiovascular risk factors								
Immunizations up-to-date: <b>Td</b>								
Immunizations up-to-date: <b>Influenza</b>								
Immunizations up-to-date: <b>Pneumonia</b>								
Additional comments:								

**KEY: # = Actual Value**

**√ or P = Service Done/Performed**

**N/A = Non applicable/indicated**