

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
Periodic Assessment:								
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								
Lab Tests and Other Studies:								
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)								
Counseling								
Nutrition								
Exercise								
Foot Care								
C/V risk reduction: Blood Pressure								
C/V risk reduction: Weight								
C/V risk reduction: Lipids								
Glycemic control								
Tobacco Use: Counseling								
Tobacco Use: Smoke Cessation Class								
Tobacco Use: Medication								
Pre-conception counseling								
Medical Recommendations (at each visit until therapeutic goals are achieved)								
ACE inhibitors prescribed for hypertension or albuminuria>30mg/24hr or albumin:creatinine ration>30mg/g								
Management of cardiovascular risk factors								
Immunizations up-to-date: Td								
Immunizations up-to-date: Influenza								
Immunizations up-to-date: Pneumonia								
Additional comments:								

KEY: # = Actual Value

√ or P = Service Done/Performed

N/A = Non applicable/indicated