

DIABETES CARE FLOWSHEET			DATES & RESULTS					
History and Physical	Frequency	Goal						
Blood pressure	Every visit	< 130/80						
Weight	Every visit	Individualize						
BMI	Every visit	Individualize						
Dilated retinal exam	Annually	Retinopathy prevention						
Monofilament and peripheral pulses foot exam	Annually or every visit for high-risk patients	Lower extremity amputation prevention						
Laboratory Analysis	Frequency	Goal						
A1C	Every 3-6 months	< 7.0%						
Fasting lipid profile	Annually							
LDL		< 100 mg/dL						
Triglycerides		< 150 mg/dL						
HDL		> 40 mg/dL in men; > 50 mg/dL in women						
Total		< 200 mg/dL						
Urine albumin-to-creatinine ratio (spot sample)	Annually, to screen for microalbuminuria	< 30 µg/mg						
ECG	Baseline & as clinically indicated							
Vaccinations	Frequency							
Influenza	Annually							
Pneumococcus	Once. Revaccinate patients > 65 who received the vaccine 5 years previously & were < 65 years old.							
Counseling and Risk Reduction								
Smoking status: _____ Never _____ Former _____ Current Quit Date: _____								
Aspirin therapy (75 - 325 mg/day)								
ACE Inhibition/ARB: Treatment for hypertension or microalbuminuria								
Dental care (refer for annual dental care)								
Sexual functioning								
Depression screening								
Preconception counseling and pregnancy care								
Self-Management	Goals	Patient Goals (Set jointly by clinician and patient)						
Physical activity	30 minutes of moderate to vigorous physical activity at least 5 days a week							
Nutrition	Advise a diet of low saturated and trans fat and high fiber							
Weight management	For overweight patients (BMI > 25 kg/m ²), advise a 10% weight reduction at a rate of 1-2 lbs/week							
Self blood glucose monitoring	Teach technique, frequency and actions to take if blood sugar is too high or too low							
Self foot exam	Teach technique and evaluate how the patient performs exam							