Healthy New Hampshire

Flow Sheet for Diabetes Care

New Hampshire **Diabetes** Education Program
Division of Public Health Services

Patient: _____ Date of Birth: _____

Allergies: Yes ____ None Known: ____ Type 1: _____ Type 2: _____ Prediabetes: _____

Foot Care by: _____ Eye Care by: _____ DM Onset Date: _____

VISIT DATE:									
HISTORY AND PHYSICAL									
Complete History & Physical (including risk factors, tobacco use, exercise & diet)									
Blood Pressure (Goal<130/80)									
Height _____ Current Weight:									
BMI (Target BMI<27)									
Eyes Fundoscopic(Qtrly) /**D**ilated Referral (Annual)									
Oral Exam (Every 6 months)									
Foot Exam (Every 3 months) (**V**=Visual Inspection, **M**=Monofilament, **R**=Referral)									
Pneumovax Date: _____ **Flu** Shot (Annual):									
LABORATORY									
HbA1c (every 3-6 months) Plot Results **10+**									
9									
8									
At risk if: **>7**									
Ideal Target: **6**									
Home BG Self Monitoring Results (Review patterns)									
Blood Sugar (**F**asting or **R**andom)									
Fasting Total Cholesterol / Triglyceride (Annual)									
Lipid Profile (HDL >45 / LDL<100) (Annual)									
Urinalysis (Annual)									
Microalbumin <30 (or 24 hr Urine CrCl) (Annual)									
Creatinine ratio or Serum Creatinine (Annual)									
COUNSELING & EDUCATION									
Structured Diabetes Education									
Tobacco: Yes No / Alcohol Use: Yes No									
Physical Activity & Exercise Levels									
Nutrition & Weight Management									
Dietitian Referral if HbA1c> 7.0%									
Self Monitoring & Management Principles									
Foot & Skin Care									
Sexuality & Preconception Counseling									
Psychosocial Assessment & Depression Screening In past month have you often been bothered by: a) little interest or pleasure in doing things, or b) feeling down, depressed, hopeless									
Aspirin use: Yes No N/A / ARB or ACE use: **Yes No N/A**									
Self management goals (review every 3 mos)									
Specify Goal:									
Specify Goal:									