

Diabetes Patient Care Sample Flow Sheet

Patient Name:	Type of Diabetes: <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> Other	Date of Birth:	Date of Diagnosis:
RISK FACTORS, CO-MORBIDITIES		SELF-MANAGEMENT	
<input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Erectile Dysfunction <input type="checkbox"/> Foot Disease <input type="checkbox"/> Smoking _____ (date stopped) <input type="checkbox"/> Alcohol: _____ (assessed/discussed)		<input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Peripheral Artery Disease <input type="checkbox"/> Polycystic Ovarian Syndrome <input type="checkbox"/> Mental Health Diagnosis	
VACCINATIONS		Patient goals: Possible barriers to self-management: Diabetes self-management education: <input type="checkbox"/> Weight management: Ht: _____ Target Wt: _____ Target BMI: _____ <input type="checkbox"/> Physical activity (aerobic 150 min/week; resistance 2-3 times/week): <input type="checkbox"/> Glucose meter / lab comparison <input type="checkbox"/> Patient care plan (pregnancy planning / driving license):	
Flu (annual) Date: Pneumococcus Date:			

VISITS (EVERY 3 TO 6 MONTHS)						
Date	BP	Weight	A1C Target $\leq 7\%$ or -----	Notes (Goals, clinical status)	Hypo-glycemia	Antihyperglycemic agents / CV protection agents (ACEi / ARB / Stain / ASA)

Review SMBG records. Target: pre-prandial 4-7 mmol/L; 2-hour post-prandial 5-10 mmol/L (5-8 mmol/L if A1C not at target)

SCREEN FOR DIABETES COMPLICATIONS ANNUALLY OR AS INDICATED										
Nephropathy			Neuropathy				Retinopathy			
Date	ACR	eGFR	<ul style="list-style-type: none"> • Check feet for lesions and sensation (10g monofilament or 128 Hz tuning fork) • Check for pain, ED, GI symptoms Date: _____ Findings: _____ Date: _____ Findings: _____ Date: _____ Findings: _____				Annual eye exam: Date: _____ Date: _____ Ophthalmologist/ Optometrist: _____			
For vascular protection: <input type="checkbox"/> Statins if ≥ 40 yrs OR > 30 yrs and > 15 yrs duration OR end organ damage <input type="checkbox"/> ACEi/AR \geq if ≥ 55 yrs OR end organ damage (even in the absence of hypertension)			Lipids targets: If indicated to treat LDL_C < 2 mmol/L				CAD Assessment			
			Date	Medication	LDL-C	HDL-C	TG	Non-HDL-C	Apo B	ECG: Stress ECG: Other:

