

DIABETIC STANDARDS OF CARE FLOWSHEET

Community Health Center

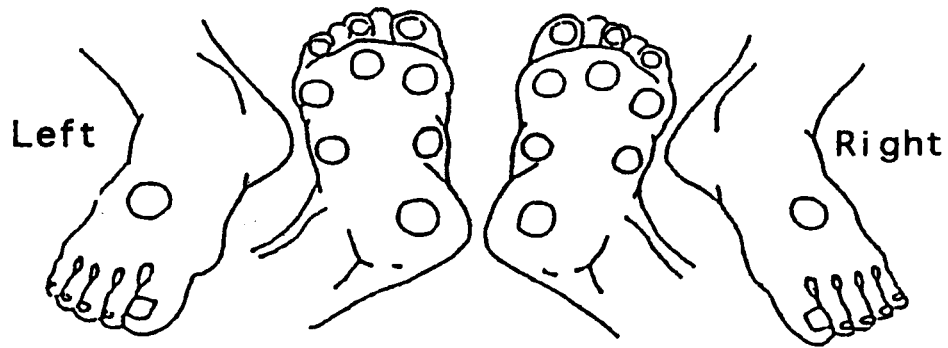
Patient Name _____ DOB: _____

Complete with numerical values

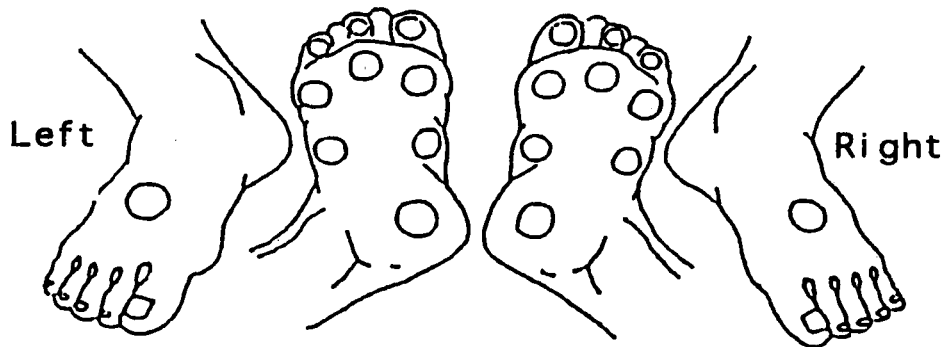
Standards of Care	Frequency								
Date of Visit									
Blood Pressure (<130/80)	Every Visit								
Weight	Every Visit								
Smoking Cessation Discussed	Every Visit	yes no NA	yes no NA	yes no NA	yes no NA	yes no NA	yes no NA	yes no NA	yes no NA
Foot Inspection	Every Visit								
HgbA1c (<7)	Every 3-6 Months								
Total Cholesterol (mg/dl)	Annual								
HDL (mg/dl) (>35)	Annual								
LDL (mg/dl) (<100)	Annual								
Triglycerides (mg/dl) (<200)	Annual								
Serum Creatinine (mg/dl)	Annual								
UACR/Micral	Annual								
Dilated Retinal Exam	Annual	<input type="checkbox"/> referred (date)	<input type="checkbox"/> referred (date)	<input type="checkbox"/> referred (date)	<input type="checkbox"/> referred (date)	<input type="checkbox"/> referred (date)	<input type="checkbox"/> referred (date)	<input type="checkbox"/> referred (date)	<input type="checkbox"/> referred (date)
Patient Education Topic	Every Visit (circle topic covered)	SMBG foot care lab-diet- exer-meds- hypogly	SMBG foot care lab-diet- exer-meds- hypogly	SMBG foot care lab-diet- exer-meds- hypogly	SMBG foot care lab-diet- exer-meds- hypogly	SMBG foot care lab-diet- exer-meds- hypogly	SMBG foot care lab-diet- exer-meds- hypogly	SMBG foot care lab-diet- exer-meds- hypogly	SMBG foot care lab-diet- exer-meds- hypogly
Medication Labs									

*See back side for the annual Carville foot exam.

Carville Foot Exam Date _____



Carville Foot Exam Date _____



Carville Foot Exam Date _____

