Health Record for Patient With Diabetes

Name:_____ Phone Number: _____

Physician:_____ Date: _____

Diagnosis:_____ Type 1 diabetes _____ Type 2 diabetes_____ Prediabetes Other: _____

Number of years with diabetes:_____ Allergies: _____

Clinical Measures for Patients With Diabetes[1]

Test/Indicator	Goal	Result/Date	Result/Date	Result/Date
Minimum: Every 3 to 6 months[a]				
A1C	<7% (most patients)[b]			
Minimum: Annually				
ASCVD Risk[c]	Yes _____ No _____			
HDL Cholesterol[d]	>40 mg/dL (men) >50 mg/dL (women)			
Triglycerides	<150 mg/dL			
Urinary albumin	<30 mg/g creatinine			
Glomerular Filtration Rate	<60 mL/min/1.73m^2			
Comprehensive Eye Exam[e]	No macular edema or retinopathy			
Comprehensive Foot Exam	No evidence for loss of protective sensation , peripheral artery disease, neuropathy, increased plantar pressures, bony deformities, or infections			
Vaccination (influenza)	Prevention			
Other:				
Vaccination (pneumonia)	Prevention PPSV23 (age 2-64 years) PPSV23 and PPSV13 (age ≥65 years)			
Vaccination (hepatitis B)	Prevention Recommended (age 19-59 years) Optional (age ≥60 years)			
Blood Pressure	<140/90 mm Hg <130/80 mm Hg (selected patients)[f]			
BMI	<25 kg/m^2, <23 kg/m^2 for Asian Americans			
Counseling:				
Diet				
Exercise				
Anti-smoking				
Foot Care				

[a] At least 2 times a year in patients who are meeting treatment goals (and who have stable glycemic control), and quarterly in patients whose therapy has changed or who are not meeting glycemic goals.
[b] More or less stringent glycemic goals may be appropriate for individual patients (eg, <8%).
[c] Atherosclerotic cardiovascular disease (ASCVD) is defined as acute coronary syndromes, a history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, stroke, transient ischemic attack, or peripheral arterial disease presumed to be of atherosclerotic origin, and risk factors include hypertension, dyslipidemia, smoking, a family history of premature coronary disease, and the presence of albuminuria.
[d] In adults with diabetes, it is reasonable to obtain a lipid profile at the time of diagnosis, and at the initial medical evaluation. A lipid panel should also be obtained immediately.
[e] If there is no evidence of retinopathy for one or more annual eye exams and glycemia is well controlled, then exams every 2 years may be considered.
[f] At high risk for CV disease

Medications:

_____

_____

_____

_____

Observation/Complications:

- ❍ Oral hygiene problems
- ❍ Neuropathies
- ❍ Eye/vision problems
- ❍ Frequent infections
- ❍ Urinary frequency, incontinence, nocturia
- ❍ Depression
- ❍ Dehydration
- ❍ Excessive skin problems
- ❍ Foot problems

Follow-up Appointments:

- ❍ Physician _____
- ❍ Foot doctor _____
- ❍ Eye doctor _____
- ❍ Nutritionist _____
- ❍ Lab orders _____
- ❍ Diabetes Educator _____
- ❍ Other _____

Other: _____

_____

_____

_____

_____

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Care Plan Collaborative

Physician Concerns/Recommendations:

Current health status: _____

_____

_____

_____

Assessment of self-management of blood glucose: _____

_____

Medication adherence: _____

Referral to: _____

Emphasize self-management related to: _____

Patient Self-Management Goals:

Healthy nutrition: _____

Regular exercise: _____

SMBG[a]: _____ Frequency: _____

SMBP[b] : _____ Frequency: _____

Routine foot examination: _____

Additional goals: _____

Potential barriers to achievement of goals: _____

Strategies for reducing barriers: _____

Counseling received:

- ❍ Diet
- ❍ Nutrition
- ❍ Self-management
- ❍ Anti-smoking
- ❍ Exercise/physical activity

This plan of care has been collaboratively designed and agreed upon by my attending physician, my Interdisciplinary Care Team, and me on _____.

[a]SMBG = Self-Monitoring of Blood Glucose
[b]SMBP = Self-Monitoring of Blood Pressure

References:
1. American Diabetes Association. Standards of Medical Care in Diabetes—2017. *Diabetes Care*. 2017;40(suppl 1):S1-S135.

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