

**HealthPlus of Michigan
Diabetes Maintenance Flow Sheet**

NAME _____ DOB _____ CHART/RECORD NUMBER _____

GENDER _____ RACE/ETHNICITY _____ YR. OF DIAGNOSIS _____

If marked with ✓, to be performed quarterly or semi-annually if goals met

Test/Exam/Recommendation	Date/Value	Date/Value	Date/Value	Date/Value
Tobacco Use Status				
Fasting Plasma Glucose (for diagnosis)				
✓ History/Physical				
✓ Blood Pressure (Target \leq 130/80)				
✓ Weight/Height	/	/	/	/
✓ Waist Circumference/BMI	/	/	/	/
✓ Hemoglobin A1C (Target \leq 7)				
✓ Foot Exam (visual inspection, pulses, sensation)				
ACE inhibitors for HTN, albuminuria >30mg/24 hr, or albumin: creatinine ratio >30 mg/g				
✓ Discussion of:				
Self-monitoring of blood glucose/glycemic control				
Nutrition, diet, and weight				
Exercise regimen				
Medication				
Cardiovascular risk reduction				
Tobacco cessation/second hand smoke avoidance				
Foot care				
Psycho-social issues/depression screening				
Preconception counseling				
Goals				

If marked with ✓, performed at least once a year

Test/Exam	Date/Value	Date/Value	Test/Exam	Date/Value	Date/Value
✓ Eye Exam			Electrocardiogram		
✓ Lipid Profile (Total, LDL, HDL, triglycerides)			Urinalysis		
✓ Influenza Immunization			Dental Exam		
✓ Testing for Microalbuminuria (unless being treated for nephropathy)					

Performed as necessary

Test/Exam	Date/Value	Date/Value	Test/Exam	Date/Value	Date/Value
Pneumococcal Immunization			Tetanus Immunization		

✓ = indicator will be monitored