

DIABETES STANDARDS OF CARE FLOW SHEET

Patient Name:		Physician Name:		
Date of Birth:		Physician Phone:		
Member #:				
INTERVENTIONS	DATE	DATE	DATE	DATE
Blood pressure goals < 130/80 mm Hg				
Weight (lb or kg)				
Height				
Visual Foot Inspection (each visit)				
Lipid Profile Goals (annual) Total Chol < 200 mg/dL				
	mg/dL	mg/dL	mg/dL	mg/dL
LDL LDL < 100 mg/dL (optional < 70 mg/dL)				
	mg/dL	mg/dL	mg/dL	mg/dL
HDL HDL > 40 mg/dL (male) HDL > 50 mg/dL (female)				
	mg/dL	mg/dL	mg/dL	mg/dL
Triglycerides TG < 150 mg/dL				
	mg/dL	mg/dL	mg/dL	mg/dL
A1c Goal: < 7.0% Metabolically controlled - every six months Not controlled, or change in therapy - every three months				
Kidney Function eGFR, or 24-hour Cr. Clearance or Microalbumin/Creatinine ratio or Random spot urine				
Reno-protective Therapy ACE or ARB				
Aspirin Therapy If age > 40 yrs or high risk for CVD				
Sensory Foot Exam (annual)				
Dilated Retinal Exam (annual)				
Flu Vaccine (annual)				
Pneumonia Vaccine				
Preconception Counseling				
Smoking Cessation Counseling				
Exercise Program				