Diabetes Mellitus Flow Sheet

Record visit date at top of column, record test results and/or service date(s) in spaces below. Check (√) when item complete; mark with "C" if item is contraindicated; "D" if patient declined; "R" if referred.

Name: _____

ID/MRN: _____

DOB: _____ **Sex:** ☐ M ☐ F

Height: _____ **Date Recorded:** _____

Other Care Clinicians: _____

EXAMINATION/TEST	FREQUENCY	VISIT DATE / /	VISIT DATE / /	VISIT DATE / /
Complete History and Physical Exam: (including risk factors, exercise, and diet hx)	Initial visit & annually at discretion of clinician	☐	☐	☐
Blood Pressure Goal: <140/90	Every visit	☐ BP: /	☐ BP: /	☐ BP: /
Weight & BMI Goal: BMI ≥18.5 and <25 Asian-American adults BMI ≥18.5 and <23	Every visit	☐ Wgt: ☐ BMI:	☐ Wgt: ☐ BMI:	☐ Wgt: ☐ BMI:
Comprehensive Foot Exam Sensory/monofilament and Pulses	Annually	☐ Sensory/monoflmt ☐ Pulses	☐ Sensory/monoflmt ☐ Pulses	☐ Sensory/monoflmt ☐ Pulses
Visual Inspection of Feet	Every visit	☐	☐	☐
Dilated Retinal Exam	Annually/Biannually*	☐	☐	☐
Dental	Every six months	☐	☐	☐
A1C: General Goal: <7.0*	Two to four times yearly*	☐ A1C:	☐ A1C:	☐ A1C:
Fasting Lipid Profile	At the discretion of the physician based on CVD risk*	☐	☐	☐
(UACR)* .30 ƒÊg alb/mg creatinine is abnormal	At diagnosis and annually	☐ Ratio:	☐ Ratio:	☐ Ratio:
eGFR (Calculated from Serum Creatinine)*	Annually	☐ eGFR:	☐ eGFR:	☐ eGFR:
Flu Vaccine: October 1. March 31	Annually	☐	☐	☐
Pneumococcal Vaccine	Initial/Follow-up*	☐	☐	☐
Hepatitis B Vaccine	Initial			
Discuss High Risk Behaviors: Counsel on smoking cessation and alcohol use	Every visit: Smoking Alcohol	☐ Yes ☐ No ☐ Counseled ☐ Yes ☐ No ☐ Counseled	☐ Yes ☐ No ☐ Counseled ☐ Yes ☐ No ☐ Counseled	☐ Yes ☐ No ☐ Counseled ☐ Yes ☐ No ☐ Counseled
Psychosocial Adjustment: Screen for depression or other mood disorder	Annual/Periodically	☐	☐	☐
Discuss Sexual Functioning*	Annual/Periodically	☐	☐	☐
Discuss Preconception/Pregnancy : Many medications contraindicated*	Initial/Periodically*	☐	☐	☐
Diabetes Self-Management Education (DSME)	Initial visit and at clinician's discretion	☐	☐	☐
Self-Management Goal Assessment: Review patient's goals for self-management* including dietary needs, physical activity	Initial/Periodically	☐ Self-Mgmt. goal:	☐ Self-Mgmt. goal:	☐ Self-Mgmt. goal:
Medical Nutrition Therapy (MNT): Assess and refer as needed	Initial/Periodically	☐	☐	☐
Assessment of Hyper/Hypoglycemia: Review signs, symptoms and treatment. Review self-monitoring blood glucose record	Initial/Periodically	☐ ☐ SMBG	☐ ☐ SMBG	☐ ☐ SMBG
Review Current Medications and Medication Adherence*: Include all medications to control glucose, blood pressure and lipids, aspirin/anti-platelet agents; ACEIs/ARBs; insulin/oral hypoglycemic agents; statins/lipid control agents; over-the-counter, complementary and alternative medicine. Review/adjust medications as indicated to achieve target goals for glucose, blood pressure and lipids.	Initial/Periodically Check (√) box if currently prescribed Mark "C" if item contraindicated Mark "D" if patient declined Mark "A" if medication adjusted Mark "X" if medication stopped	☐ Insulin ☐ Oral hypoglycemic ☐ ACEI/ARB ☐ Statin/lipid control ☐ ASA/anti-platelet	☐ Insulin ☐ Oral hypoglycemic ☐ ACEI/ARB ☐ Statin/lipid control ☐ ASA/anti-platelet	☐ Insulin ☐ Oral hypoglycemic ☐ ACEI/ARB ☐ Statin/lipid control ☐ ASA/anti-platelet
Comments: (e.g. assessment of complications, adherence to plan, follow up, referrals, etc.)				
Signature/Initials				

See Guideline Chart on page 3-4 for details and exclusions.

Adapted from the Guidelines for Adult Diabetes (DM) Care developed by the New York Diabetes Coalition in collaboration with the New York State Department of Health, Diabetes Prevention & Control Program.

Guidelines are intended to be flexible. They serve as reference points or recommendations, not rigid criteria. Guidelines should be followed in most cases, but there is an understanding that, depending on the patient, the setting, the circumstances, or other factors, care can and should be tailored to fit individual needs.