



Unit/Health Area: _____ Physician/Nurse : _____ Patient's Name: _____

Gender: M ☐ F ☐ Date of Birth: ____ / ____ / ____ Home Address: _____

[illegible][illegible]

INSTRUCTIONS:

1. Write the unit or clinic as well as the physician's and nurse's names.
2. Write the patient's name, gender, date of birth and home address.
3. Make a check mark (✓) if the patient has these complications, if not listed write the complication the patient has.
Write the date of diagnose of complications if known.
4. Write the date of the visit or encounter.
5. Inquire on tobacco and alcohol use; if positive answer write T+ or A+ in the corresponding box
6. Measure patient's blood pressure, height and the weight and ascertain the BMI.
7. Ask the patient to remove shoes and socks and examine patient's feet.
8. Examine retina after dilating pupils or refer the patient to the ophthalmologist once per year.
9. Review and write the results/ (or request new) fasting blood glucose test, A1c and lipid profile.
10. Explain to patient his/her educational goals as per the protocol for the non pharmacological treatment of diabetes mellitus. Make a check mark (✓) in the corresponding box if diet and exercise education are provided. Using codes in parenthesis, write what other educational subjects are discussed with the patient i.e. (1) General knowledge of diabetes; (2) Administration of medications and related risks; (3) Relation between diet, exercise, and blood glucose and other metabolic indicators; (4) Foot care; (5) Use of medical and community services; (7) Negative consequences of risk behaviors such as smoking and alcohol use, and ways of eliminating these behaviors.
11. Ask and write the name of all medicines and doses that the patient is taking.
12. Write the date of Influenza or Pneumococcal vaccination, and if EKG results.

Standards of Diabetes Care

	Component	Frequency	Description
MEDICAL VISITS	Blood Pressure	Each visit	<130/80mmHg
	Eye Exam	Annual	Ophthalmologist/ Optometrist
	Dental Exam	Every 6 months	Teeth and gum exam
	Brief Foot Exam	Each visit	Remove shoes and socks
	Complete Foot Exam	Annual	Visit the podiatrist if high risk
	Flu vaccine	Annual	If available (optional)
LABORATORY	Hemoglobin A1c	Every 3-6 months	<7%
	Triglycerides	Annual	<150 mg/ dl (1.7mmol/l)
	Cholesterol total	Annual	<200 mg / dl (5.0mmol/l)
	LDL Cholesterol	Annual	< 100 mg/ dl (<2.2mmol/l)
	HDL Cholesterol	Annual	>40mg/dl (> 1.0mmol/l) men; >50mg/dl (1.1mmol/l) women
	Proteinuria/ albuminuria	Annual	<30 µg/mg
	EKG	Annual	Normal pattern
EDUCATION	Treatment Goals	Each visit	Discuss with patient
	Self Blood Glucose Monitoring	Individualized	Recommend based on patient's control goals
	Healthy Eating	Each visit	Recommend always
	Physical Activity	30", 5 times/ week	Recommend always