





## Annual Diabetes Checkpoints

Patient Name \_\_\_\_\_ Birth Date \_\_\_\_\_

ID/Insurance # \_\_\_\_\_ M F

Clinic/Physician \_\_\_\_\_

TREATMENT	D.O.S. / /	D.O.S. / /	D.O.S. / /	D.O.S. / /
<b>A1C Range:</b> 6.5% - 8% <b>A1C Goal between PCP and member</b> _____ Every 6 months (controlled) Every 3 months (uncontrolled)				
<b>Weight</b> Every visit Goal: Individualize				
<b>BMI</b>				
<b>BP</b> Every visit Goal: <130/80				
<b>Annual Lipid Panel Total Cholesterol</b> Goal: <200 mg/dl				
<b>Triglycerides</b> Goal: <150 mg/dl				
<b>HDL</b> Goal: men >40 mg/dl women >50 mg/dl				
<b>LDL</b> Goal: <100 mg/dl				
<b>Microalbumin</b> Annually Goal: <100				
<b>ACE/ARB Therapy</b> <input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined
<b>Statin Therapy</b> <input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Pt did not tolerate <input type="checkbox"/> Pt declined
<b>Aspirin Therapy</b> (or other antithrombotic)	<input type="checkbox"/> Rx <input type="checkbox"/> Contraindicated <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Contraindicated <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Contraindicated <input type="checkbox"/> Pt declined	<input type="checkbox"/> Rx <input type="checkbox"/> Contraindicated <input type="checkbox"/> Pt declined
<b>Smoking Status</b> Document dates of counseling	<input type="checkbox"/> Nonsmoker <input type="checkbox"/> Smoker <input type="checkbox"/> Counseled _____ <input type="checkbox"/> In Tx	<input type="checkbox"/> Nonsmoker <input type="checkbox"/> Smoker <input type="checkbox"/> Counseled _____ <input type="checkbox"/> In Tx	<input type="checkbox"/> Nonsmoker <input type="checkbox"/> Smoker <input type="checkbox"/> Counseled _____ <input type="checkbox"/> In Tx	<input type="checkbox"/> Nonsmoker <input type="checkbox"/> Smoker <input type="checkbox"/> Counseled _____ <input type="checkbox"/> In Tx
<b>DSME</b> Once or more/yr.	<b>Date referred:</b> ____/____/____			<b>Documentation on chart</b> yes / no
<b>Dilated and Comprehensive Eye Exam</b> Document date of exam yearly	<b>Report on chart</b> yes / no Eye Doctor: _____ D.O.S. ____/____/____			
<b>Foot Exam</b> Yearly (more frequently for those with one or more high risk foot conditions; for patients with neuropathy, each visit (-) cannot feel the monofilament (+) can feel the monofilament)	<b>R</b>  <b>L</b>	<b>R</b>  <b>L</b>	<b>R</b>  <b>L</b>	<b>R</b>  <b>L</b>
	<b>Amputation R L</b>	<b>Amputation R L</b>	<b>Amputation R L</b>	<b>Amputation R L</b>
<b>Vaccinations</b>	<b>Pneumonia Vaccine</b> Date: ____/____/____		<b>Influenza Vaccine</b> Date: ____/____/____	
	<b>Doctor must initial D.O.S.</b> Initial _____	Initial _____	Initial _____	Initial _____

This diabetes management guide is based on the American Diabetes Association's "Standards of Medical Care For Patients with Diabetes Mellitus".