

# Type 2 Diabetes Care Flowsheet: *side 1*

Patient Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ MR Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date of Onset: \_\_\_/\_\_\_/\_\_\_\_\_  
 Co-Morbid Conditions: \_\_\_\_\_

### Every Visit\*

Date										
BP <130/80 mmHg										
Weight (BMI kg/m <sup>2</sup> )										
Inspect Feet										
Tobacco Cessation										
Rx Adherence (Statin, ACE/ARB, etc.)										
Review BG record, assess for hypoglycemia										
Aspirin										
Diet and Physical Activity										
Self Management Goals										
Preconception Counseling										

### Quarterly

Date										
A1c < 7%										

### Annual/Periodic

Date										
Retinal Screening										
Comp LE exam w/ monofilament										
Assess Oral Health										
LDL <100 mg/dl (<70 optional w/ CVD)										
HDL >40 mg/dl men >50 mg/dl women										
Triglycerides <150 mg/dl										
Albumin/Creatinine ratio <30mg/gm										
Estimated GFR										
Influenza Vaccine										
Pneumo. Vaccine										
Diabetes Education										
Mental Health Assessment										
Assess Drug and Alcohol Use										

\* Every visit = diabetes focused visit which is recommended every 3-6 months and more often if needed.

These clinical guidelines (**revised February 2012**) are designed to assist clinicians in managing adult patients with diabetes and are not intended to replace a clinician's judgment or establish a protocol for all patients with a particular condition. For references or additional copies go to [www.healthteamworks.org](http://www.healthteamworks.org) or call 303-446-7200.

# Type 2 Diabetes Care Flowsheet: *side 2*

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