Diabetes Visit Assessment Tool

Patient name:	Date of birth:
Last Eye Exam	Gender:

Care	Frequency	Visit Date / /	Visit Date / /	Visit Date / /	Visit Date / /
Complete history & physical exam	Initial visit and annually	☐	☐	☐	☐
Blood pressure Goal:<140/90	Every visit	**BP: /**	**BP: /**	**BP: /**	**BP: /**
Weight & BMI BMI goal:18.5- 24.9	Every visit **Height: _____**	**Weight:_____** **BMI: _____**	**Weight:_____** **BMI: _____**	**Weight:_____** **BMI: _____**	**Weight:_____** **BMI: _____**
A1c Goal:<7	2-4 times a year	☐	☐	☐	☐
Fasting lipid panel LDL: <100 HDL: >40M; >50F Triglycerides: <150	Periodically	☐ **LDL** ☐ **HDL** ☐ **Triglycerides**	☐ **LDL** ☐ **HDL** ☐ **Triglycerides**	☐ **LDL** ☐ **HDL** ☐ **Triglycerides**	☐ **LDL** ☐ **HDL** ☐ **Triglycerides**
Urine protein test	Annually	☐	☐	☐	☐
Serum creatinine	Annually	☐	☐	☐	☐
Flu vaccine	Every flu season	☐	☐	☐	☐
Pneumonia vaccine	1-2 doses	☐	☐	☐	☐
Hepatitis B vaccine	3 doses	☐	☐	☐	☐
Comprehensive foot exam	Annually Visual inspection every visit	☐ ☐	☐ ☐	☐ ☐	☐ ☐
Depression/mood disorder screening	Annually/ongoing	☐	☐	☐	☐
Diet & physical activity counseling	Ongoing/refer as needed	☐	☐	☐	☐
Diabetes education (DSME)	Ongoing/refer as needed	☐	☐	☐	☐
Self blood glucose monitoring record assessment	Ongoing	☐	☐	☐	☐
Medication Review	Every visit Check ✔ if prescribed Mark **C** if not indicated Mark **D** if declined Mark **A** if adjusted Mark **x** if stopped	☐ **Insulin _____** **Orals _____** **ACE/ARB _____** **Statins _____** **ASA _____**	☐ **Insulin _____** **Orals _____** **ACE/ARB _____** **Statins _____** **ASA _____**	☐ **Insulin _____** **Orals _____** **ACE/ARB _____** **Statins _____** **ASA _____**	☐ **Insulin _____** **Orals _____** **ACE/ARB _____** **Statins _____** **ASA _____**
Comments (Plan adherence, follow-up, referrals etc.)	Ongoing				