

DIABETES CARE TOOL



KENTUCKY DIABETES NETWORK, INC.

A statewide partnership striving to improve the treatment and outcomes for Kentuckians with diabetes.

Patient Name: _____ DOB: _____

Height: _____ Smoker: **Yes No** (circle one) Pneumococcal Vaccine Date(s): _____

Type of Diabetes: **1 2** (circle one) Year of Diabetes Diagnosis: _____

*This tool is based on the 2004 American Diabetes Association's "Standards of Medical Care for Patients with Diabetes Mellitus" and indicates minimum services to be provided in the continuing (initial visits have additional components) care of **adults** with diabetes. It is not intended to replace or preclude clinical judgement or more intensive management where medically indicated. Use it as a reminder for exams or important tests, to simplify record keeping and as a way to continually improve care to all patients with diabetes.*

Enter result, checkmark, or date as you deem appropriate.

DATE OF VISIT							
EVERY VISIT	Weight						
	B/P (Goal <130/80)						
	A1C Hemoglobin A1c every 3–6 mo. (Goal <7%)						
	Foot Exam: • Visual						
ANNUAL	Foot Exam: • Sensation, foot structure/biomechanics, vascular, and skin integrity						
	Fasting Lipid Profile: • Total Cholesterol (Goal < 200)						
	• LDL (Goal < 100)						
	• HDL (Goal Men > 40, Women > 50)						
	• Triglycerides (Goal < 150)						
	Microalbumin Unless Urine dipstick positive for protein						
	Dilated Eye Exam/ Referral Date						
	Flu Vaccine						
COUNSELING	Oral Visualization						
	Self-Management Education/ Referral Date						
	Exercise /Physical Activity						
	Medical Nutrition Therapy Referral						
	Tobacco Cessation						
OTHER	Preconception Counseling (women of childbearing age)						
	Review Self-Monitoring Blood Glucose Log						
	Assess Need for Aspirin Therapy						

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