

Diabetes Flow Sheet

Patient: _____ Provider: _____

DOB: _____ SS# _____ Medical Record ID#: _____



Visit	Guideline	Initial Visit	3 month visit	6 month visit	9 month visit	12 month visit	Comments	
							Date	Initial Visit
Each Visit	Assess diabetes control							
	A1c	>7%						
	Review BG Log							
	Blood Pressure	<130/80mm Hg						
	Foot Exam (Skin intact? Pulses? Sensation? Color?)							3 Month Visit
Annual Exam Only	Referral to Molina Healthcare Disease Management Program							
	Urinary Microalbuminuria							
	ACE inhibitor							
	Protein restriction							
	Lipid Profile Performed							
	Total Cholesterol							6 Month Visit
	LDL Cholesterol	<100mg/dl						
	HDL Cholesterol	>40 mg/dl						
	TGL	<150 mg/dl						
	Meds/diet (if abnormal)							
Baseline/routine EKG if >40 years								
Dilated eye exam/performed or referred						9 Month Visit		
Each Visit	Self-care training							
	Nutrition counseling							
	Controllable risks							
	Smokes? Tobacco Use?							
	Counseled/referred							
	Woman Planning Pregnancy?							12 Month Visit
	Counseled/referred							
	Recent severe hypoglycemia?							
	Recent diabetic ketoacidosis?							
	Vaccinations							
Other								
Hospitalizations								