DIABETIC FLOW SHEET
ROUTINE CLINIC VISITS

√: If done
N/A: Not applicable

Year of Diagnosis:_______

Name:	DOB: ___ / ___ / ___ yy / mm / dd	Band No.	Date of Diabetic Annual Review ___________

Height ________ BMI ________	**Date:** ___ / ___ / ___	**Date:** ___ / ___ / ___	**Date:** ___ / ___ / ___	**Date:** ___ / ___ / ___
Diet Review and Q3 mo Weight	Diet Review ☐ Wt _______	Diet Review ☐ Wt ______	Diet Review ☐ Wt ______	Diet Review ☐ Wt ______
Home Self Monitoring of Blood Glucose: Range **Random sugar today (or Fasting)**	Average low _________ Average high _________ Today_______ F ☐ R ☐	Average low _________ Average high _________ Today_______ F ☐ R ☐	Average low _________ Average high _________ Today_______ F ☐ R ☐	Average low _________ Average high _________ Today_______ F ☐ R ☐
Blood Pressure (Goal ____/____)				
Exercise 150 min/wk = 3 x 45'/ wk	__________ Min/wk	__________ Min/wk	__________ Min/wk	__________ Min/wk
Foot Exam - use foot screen form if NOT normal (cracking, lost feeling, ulcers, infected)	Normal ☐ Abnormal ☐	Normal ☐ Abnormal ☐	Normal ☐ Abnormal ☐	Normal ☐ Abnormal ☐
Urinalysis – ONLY send for microalbumin IF NEGATIVE PROTEIN on dipstick sample	Protein ☐ RBC ☐ WBC ☐ microalbumin ________	Protein ☐ RBC ☐ WBC ☐ microalbumin ________	Protein ☐ RBC ☐ WBC ☐ microalbumin ________	Protein ☐ RBC ☐ WBC ☐ microalbumin ________
(Hg)A1C				
CREATININE if needed				
POTASSIUM if needed (on ACE Inhibitor, ESRD)				
LDL Cholesterol < 2.5 mmol/l				
Triglycerides < 2 mmol/l				
Total Chol. / HDL cholesterol < 4				
ALT (< 20) and CPK (< 160) **If on lipid lowering drugs**	ALT CPK	ALT CPK	ALT CPK	ALT CPK
Medication Changes or other important issues				
Referrals				
Follow-up plan **Clinician Signature**	Return in ___ months Signature ____________________	Return in ___ months Signature ____________________	Return in ___ months Signature ____________________	Return in ___ months Signature ____________________

revised 28 January 2005