DIABETES CARE TOOL

KENTUCKY DIABETES NETWORK, INC.

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

Patient Name: _____ **DOB:** _____

Tobacco Use: 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 **2011** 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, initials or date as you deem appropriate.

	DATE OF VISIT						
EVERY VISIT	**Weight**						
	BMI **Height in inches** _____						
	B/P (Goal <130/80)						
	A1C Hemoglobin A1c every 3–6 mo. (Goal <7%)						
	Foot Exam: V = Visual						
	Review and Update Self Management Goals and BG Log						
ANNUAL	**Foot Exam:** • **Monofilament (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 (+) for protein						
	Serum Creatinine/eGFR:						
	Dilated Eye Exam/Referral Date						
	Flu Vaccine						
	Oral Exam (Visual)						
SELF-MANAGEMENT	**Self-Management Education/Referral Date**						
	Exercise/Physical Activity						
	Medical Nutrition Therapy/Referral Date						
	Tobacco Cessation **(1-800-QUIT NOW or 1-800-784-8669)**						
	Preconception Counseling (women of childbearing age)						
OTHER	**Aspirin Therapy** **St**=start, Cont=continue, D/**C**=discontinue, **CI/MA**=contraindicated/medical allergy, Dec=declined						
	Circle: **ACE-I or ARB** **St, Cont, D/C, CI/MA, Dec**						
	Statin or Lipid Lowering Agent: St, Cont, D/C, CI/MA, Dec						
	Assess Mental/Behavioral Health						

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