

DIABETES FLOWSHEET



CIGNA

Patient Name _____ DOB _____ Insurance ID _____
 Gender M F Onset _____ Physician _____
 Type 1 Type 2 Gestational Other Comorbidities _____
 Diet-Controlled: Y N _____

Medications: _____

Preventive Screenings	Date	Result	Date	Result	Date	Result	Date	Result
Height								
Weight Each visit								
BMI Annually								
Blood Pressure Target <130/<80 mmHg Each visit								
ACE, ARB, or Antihypertensive								
Foot Exam Each visit								
Referral:								
Dilated Eye Exam Annually (or, if no retinopathy, every 2 yrs)								
Referral:								
HbA1C Target < 7.0 % (Quarterly if changing regimen or poorly controlled; Twice yearly if controlled)								
Urinalysis for protein Annually								
Microalbuminuria test Annually								
Serum Creatinine Annually								
Fasting Lipid Profile Annually								
LDL Target <100 mg/dl Annually								
HDL Annually								
Triglycerides Annually								
Lipid Lowering Agent								
Diet Assessment/ instruction Each visit								
Referral:								
Patient Education Once or as needed								
Smoking Cessation Discussion Each visit as needed								
Pneumovax								
Flu Vaccination Annually								
Record next visit date								

Based on American Diabetes Association: Standards of Medical Care for Patients with Diabetes, Diabetes Care 30 (Suppl.1); 2008. Monitoring noted is considered a minimum and may need to be more frequent based on patient condition and treatment goals and regimen changes.