

#	DIAGNOSIS: Diabetes: <input type="checkbox"/>		Hypertension: <input type="checkbox"/>		Complications: <input type="checkbox"/>		Other Chronic conditions: <input type="checkbox"/>				
	Year diagnosed:		Year diagnosed:		Type:		Type:				
	CHECKPOINTS	GOAL	How Often	Patient Goal	Date	Date	Date	Date	Date	Date	Date
1	Blood Pressure (mmHg)	Diabetes: <130/80 Hypertension only: < 140/90	Every visit								
2	BMI	BMI<25	Every visit								
3	Waist Circ.	F: <80cm (32 inches) M: <94cm (37 inches)	Every visit								
4	Foot Exam	Inspection & palpation Sensation & Vibration	Every visit Yearly								
5	Patient Education (√)		Every visit								
6	Urine Dipstick		Every visit								
7	FBG	4-6 plasma/capillary	Every visit								
8	2hrPP	4-8 plasma/4-7 capillary	As needed								
9	HbA1c	<6.5%	2 per year								
10	HDL	F: >1.0; M: >1.3;	Yearly								
11	LDL	F: <2.6 ; M: <2.6;	Yearly								
12	Triglyceride	F: <1.7; M: <1.7	Yearly								
13	Eye Exam A/N		Yearly								
15	ECG A/N		Yearly								
16	Microalbumin	<30 µg/mg creatinine	Yearly								
17	BUN / Creatinine		Yearly								
18	Dental Review		Yearly								
19	Nutrition Review		Yearly								
20	Depression screen		Yearly								
20	Hospitalization (date)	Admission Date									

Key: A- abnormal, N - normal;

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