

DIABETES STANDARD OF CARE TRACKING FORM

Patient Name: _____ Physician Name: _____

Date of Birth: _____ Physician Phone: _____

WellCare/Staywell Member #: _____

| INTERVENTIONS | DATE/RESULT | DATE/RESULT | DATE/RESULT | DATE/RESULT |
|---|-------------|-------------|-------------|-------------|
| Blood pressure goals < 140/90 mm Hg | | | | |
| Weight (lb or kg) | | | | |
| Height | | | | |
| Visual foot exam (each visit) | | | | |
| Diabetic eye exam (annually) Result: Physician name: | | | | |
| Renoprotective therapy (ACE or ARB) | | | | |
| Aspirin therapy If age > 40 or high risk for CVD | | | | |
| Sensory foot exam (annually) | | | | |
| LAB VALUES | | | | |
| LDL profile (annually) LDL C < 100 | | | | |
| HDL > 40 mg/dL (male) HDL > 50 mg/dL (female) | | | | |
| Triglycerides < 150 mg/dL | | | | |
| Total cholesterol mg/dL (< 200mg/dL desirable) | | | | |
| HbA1c (every 3-6 months) < 8.0% | | | | |
| Kidney function eGFR; or <input type="checkbox"/> 24-hour cr. clearance; or <input type="checkbox"/> Microalbumin/creatinine ratio; or <input type="checkbox"/> Random spot urine <input type="checkbox"/> | | | | |
| VACCINATIONS | | | | |
| Flu vaccine (annually) | | | | |
| Pneumonia vaccine | | | | |
| PATIENT TEACHING | | | | |
| Preconception counseling | | | | |
| Smoking cessation counseling | | | | |
| Exercise program | | | | |
| Nutrition & weight management | | | | |
| Medication/insulin counseling | | | | |
| Self blood glucose monitoring | | | | |
| Self foot exam | | | | |
| Other | | | | |

 Annual Service