WellCare®

DIABETES STANDARD OF CARE TRACKING FORM

Patient Name: ______________________________ Physician Name: ______________________________

Date of Birth: ______________________________ Physician Phone: ______________________________

WellCare/HealthEase/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 ❑ 24-hour cr. clearance; or ❑ Microalbumin/creatinine ratio; or ❑ Random spot urine ❑				
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

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