

Michigan Quality Improvement Consortium Diabetes Mellitus Patient Checklist

ID or SS#: _____ DOB: _____ Sex: M F First Date Seen: _____

Date of Visit or Date of Result	Date	Result	Date	Result	Date	Result	Date	Result
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Periodic Assessment:

Height								
Weight								
BMI								
BP (adult target \leq 130/80)								
Foot Exam								
Tobacco Use: YES								
Tobacco Use: NO								
Tobacco Use: FORMER								
Tobacco Use: NEVER								
Cardiovascular Risk Assessment								
Behavioral Health Assessment								

Lab Tests and Other Studies:

HbA1C: #								
LDL: # [goal:< 100 mg/dl]								
HDL: #								
Triglycerides: #								
Urine protein: #								
Urine microalbumin if UA<1+protein: #								
Dilated Eye Exam [date performed]								

Counseling:

Nutrition								
Exercise								
Foot Care								
C/V risk reduction: Blood Pressure								
C/V risk reduction: Weight								
C/V risk reduction: Lipids								
Glycemic control								
Tobacco Use: Counseling								
Tobacco Use: Smoke Cessation Class								
Tobacco Use: Medication								
Pre-conception counseling								

Medical Recommendations (At each visit until therapeutic goals are achieved)

ACE inhibitors prescribed for hypertension or albuminuria>30mg/24hr or albumin:creatinine ratio >30mg/g								
Management of cardiovascular risk factors								
Immunizations up-to-date: Td								
Immunizations up-to-date: Influenza								
Immunizations up-to-date: Pneumonia								

Additional comments:

KEY: # = Actual Value

or P = Service Done/Performed

N/A = Not applicable/indicated