



1. Demographics:
If newly diagnosed or new patient: enter chart # and DOB. Data will be imported from practice management system

2. Enter office visit date

Diabetes Progress Note Instructions for MAs

4. Vitals: enter BP, Height, Weight every visit or confirm that provider has

3. Medications: document review and update by checking DC for discontinued or Add for additions.**

5. Labs: If labs are overdue, and have not been done by an outside lab, complete lab requisition form for provider's signature.

If outside labs not yet recorded, note on form.

Touch Every Life Progress Note 42366

Date: 10/28/2004 **Last Visit:** **This Visit:**

Name: Mouse, Mickey Standing Order in Effect
Address: 123 Main Street Portland, ME 04101
DOB: 08/27/1945 Sex: M Age: 59 BMI: 34.00 Phone: (207) 555-5555
PLanguage: Ethnicity: PCP: Ervin, William
Other:

Phx: F/SHx:
MedList: Allergies:

Review of Systems: (Level 3 - check at least one pertinent negative, document positives below)

Conditions	Dx	D/C	Add
DM-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DM-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HTN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hyperlipidemia	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nephropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vascular Dis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Meds	Rx	Intolerant	D/C	Add
ACE Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aspirin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP Med	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gliptazones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipid Agent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metformin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meglitinide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonylurea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Labs	L.Date	L.Result	NDate	NResult
HbA1C	10/22/2004	7.10		
MiA/Crea ratio	12/10/2003	24.00		
24HrUrineProtein(mg)				
Ser. Creatinine	10/22/2004	1.80		
Potassium	10/22/2004	4.40		
Cholesterol	10/22/2004	190.00		
Triglyceride	10/22/2004	232.00		
HDL	10/22/2004	37.00		
LDL	10/22/2004	88.00		

Services	L.Date	Location/Other	NDate	Ref Dec	Notes:
SelfMonitrBG	10/28/2004			<input type="checkbox"/>	<input type="checkbox"/>
DM Educ	06/24/2004	Intermed		<input type="checkbox"/>	<input type="checkbox"/>
SM Goal	10/28/2004-smke ces	Achieved		<input type="checkbox"/>	<input type="checkbox"/>
Retinal Ex	02/17/2004			<input type="checkbox"/>	<input type="checkbox"/>
Foot chk	10/28/2004			<input type="checkbox"/>	<input type="checkbox"/>
Smke Ass	10/28/2004-Former			<input type="checkbox"/>	<input type="checkbox"/>
Smke Ce Counseling	12/16/2003			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flu Vac	10/28/2004			<input type="checkbox"/>	<input type="checkbox"/>
Pne Vac	10/01/2003			<input type="checkbox"/>	<input type="checkbox"/>
Risk Assmt-Glaxo	09/03/2003			<input type="checkbox"/>	<input type="checkbox"/>

6. Services:

Annual SMGoal: if worksheet* has been completed, draw to providers attention.

Annual Retinal Exam: If not documented, send fax back form ** to eye doctor. If due, follow usual specialist scheduling protocol and forward fax back form to specialist and give to patient.

Annual Foot Check: Instruct patient to take shoes off. Confirm that provider documented monofilament and inspection

Annual Smk Assessment: - inquire as to whether patient smokes and note "yes, no or former."

Smk Cessation Counseling: if yes above flag for provider counseling.

Flu & Pne Vac - if overdue review with provider and if appropriate administer at the same visit if possible.

* - See SMGoal Worksheet Attached

** See Eye Fax Back Form Attached

Confirm that provider distributed Page 2 with trend data to patient

