|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student Name**: | | | | | | | |
| **Sex: M or F** | **Date of Birth:** | | **Date of Entry:** | | | | |
| **Co-Morbid Conditions:** | | | | | | | |
| **HEALTH MAINTENANCE** | | **Recommended Frequency** | **DATE** | | | | |
| History and physical examination | | Comprehensive once annually. Focused at other visits |  |  |  |  |  |
| Weight (BMI Goal < 25) | | Every visit |  |  |  |  |  |
| Blood Pressure  (Goal < 130/85) | | Every visit |  |  |  |  |  |
| Dilated ophthalmologic examination referral | | Annually |  |  |  |  |  |
|  | |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Foot examination: sensation, pedal pulses, ulcers, color, warmth | | Every visit |  |  |  |  |  |
| Comprehensive vascular, neurological and musculoskeletal examination | | Annually |  |  |  |  |  |
| **Laboratory Tests** | | | | | | | |
| HbA1c (glycohemoglobin)   * Evaluate management plan when > 8% | | Every 3 months |  |  |  |  |  |
|  | |  |  |  |  |  |  |
| Urine microalbumin | | Annually |  |  |  |  |  |
| Blood lipids (fasting)   * Cholesterol <200mg/dl * Triglycerides <200 mg/dl * LDL<130 mg/dl (<100 with CAD) * HDL>35 mg/dl) | | Annually |  |  |  |  |  |
| **Diabetes Management Plan** | | | | | | | |
| Self blood glucose monitoring results | | Every visit, with comprehensive review annually |  |  |  |  |  |
| Nutrition | |  |  |  |  |  |
| Exercise/physical activity | |  |  |  |  |  |
| Adherence to management plan | |  |  |  |  |  |
| **Preventive Care/Lifestyle** | | | | | | | |
| Pneumococcal vaccine(s) | | Complete series |  |  |  |  |  |
| Influenza vaccine | | Annually |  |  |  |  |  |
| Smoking cessation | | Every Visit |  |  |  |  |  |
| Contraception or preconception counseling | | Every Visit |  |  |  |  |  |
| **Referrals** | | | | | | | |
| Diabetes Education, Endocrinologist, Diabetologist, other specialists | | As indicated |  |  |  |  |  |