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| --- |
| **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 |  |  |  |  |  |