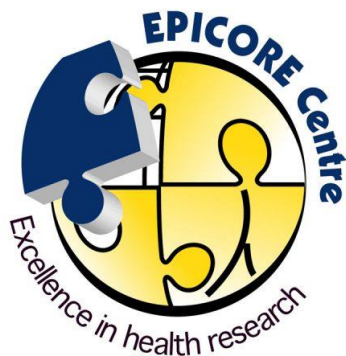




CHEAT SHEET



Demographics

- Required: Date of Birth, Sex, Ethnicity

History

Medical

- Required: Diabetes Type, Year of Diabetes Diagnosis, Diabetes Duration
- If Applicable: History of Chronic Kidney Disease, High Blood Pressure, Dyslipidemia, Angina, Heart Attack, Stroke/TIA, Peripheral Arterial Disease, Depression, Erectile Dysfunction, Shingles

Family

- If Applicable: History of Diabetes, Chronic Kidney Disease, High Blood Pressure, Dyslipidemia, Angina, Heart Attack, Stroke/TIA, Peripheral Arterial Disease

Economic

- If Applicable: Private/Government/No Drug Coverage Plans

Physical & Lab Assessment

- Required: Weight, Height, Systolic BP, %HbA1c
- If Applicable: Tobacco Use, Fasting/Random Blood Glucose, Total Cholesterol, HDL, LDL, eGFR, AC
- If Available: Waist Circumference, Diastolic BP, Arm Used, Device used

Medication

- Required: Current Medications (Diabetes, Hypertension, Dyslipidemia and Vascular Disease ONLY)
- If Applicable: Medication Adherence, Hypoglycemic Events, Vaccination Record (Influenza, Pneumococcus, Shingles ONLY)

Assessment and Plan

- Required: Patient Goal(s)
 - Clinical, lifestyle and/or personal goals, as agreed upon by the patient.
- Required: Condition Goal(s) and Action(s)
 - Required: Diabetes
 - Target %HbA1c, Actions (Education, Adherence, Lifestyle, Laboratory Assessment, Medication Change, Referral, Follow Up)
 - If Applicable: Hypertension
 - Target BP, Actions (Education, Adherence, Lifestyle, Laboratory Assessment, Medication Change, Referral, Follow Up)
 - If Applicable: Dyslipidemia
 - Target LDL, Actions (Education, Adherence, Lifestyle, Laboratory Assessment, Medication Change, Referral, Follow Up)
 - If Applicable: Tobacco Use
 - Target Use, Actions (Discuss Options, Quit Date, Nicotine Replacement, Pharmacological Therapy, Referral)
- Required: Visit Duration