

DIABETES FLOW SHEET

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

	Date >							
Record the following data at each clinic visit: Smoking: cigs/day Exercise: day/week} {Foot: Y/N	Weight							
	BP and Pulse							
	Glucose							
	Smoking							
	Exercise							
	Foot Check							
Meds: enter current dose at end of visit								
	Comments							
	Provider Initials							

Indicate date/result. (Fundoscopic: Normal/or Abnormal)

Fundoscopic:	Date:	Result:	Date:	Result:
Cholesterol/HDL:	Date:	Result:	Date:	Result:
Creatinine:	Date:	Result:	Date:	Result:
Urinalysis:	Date:	Result:	Date:	Result:
Microalbumin	Date:	Result:	Date:	Result:

Key to Comments:

H = Hospitalized
I = Intensification of monitoring/treatment
E/M = Educated re: use of meds
E/C = Educated re: med/tx compliance
E/S = Educated re: smoking cessation
E/E = Educated re: Exercise program
E/D = Educated re: diet
N/C = Non-Compliant(specify element)

Name: _____
 Reg No: _____
 Date of Birth: _____
 Institution: _____