

ADULT DIABETIC PATIENT CHECK-OFF REMINDER SHEET

PATIENT'S NAME _____

EVERY VISIT

	DATE	DATE	DATE	DATE	DATE	DATE	DATE
Foot Exam							
Education Smoking, nutrition injection site management exercise, weight control, protein restriction if nephropathy present, glucometer technique							
Weight, BP, Glucometer Log Reviews							
Comments							
Initials							

EVERY SIX MONTHS

	DATE	DATE	DATE	DATE	COMMENTS
HgbA1c or Glycohemoglobin					
Initials					

EVERY YEAR

	DATE	DATE	DATE	COMMENTS
Lipid Profile				
Creatinine				
Urine for Microalbumin				
Retinal Eye Exam				
Electrocardiogram				
Initials				

Additional Notes or Comments: