

2012 ROUTINE DIABETES MELLITUS ENCOUNTER FORM **GUIDE****Highlighted Areas Must be Filled in / Addressed for Form to be Complete**With **Questions** contact **Marcia Kasza**, Provider Relations at Paramount / (419) 887-2854 or email marcia.kasza@promedica.org

PCP _____

Date of Visit: _____

MRN _____

PATIENT NAME: _____

DOB: _____

Paramount ID#: _____

Current Calendar Year:**LABS: A1C:** Date _____ Result _____ (ADA A1C $\leq 7\%$) **LDL-C/DLDL:** Date _____ Result _____ (ADA $< 100\text{mg/dl}$)Total Cholesterol: _____ (ADA $< 200\text{ mg/dl}$) Cholesterol at Goal ____ Yes ____ No**Microalbuminuria:** Date _____ Result _____ **BUN / Creatinine:** Date _____ Result _____**ANNUAL Retinal Eye Exam:** Date _____**REASON FOR VISIT:** _____**S:** Home SBG results reviewed: ☐ Y ☐ N Results: _____Action if FBS > 140 ; 1-2 hr PP > 200

Physical activity: (#) _____ times / week

Diet adherence: ☐ Y ☐ NTobacco use: ☐ Y ☐ N**MEDICATIONS:** Reviewed and accurate ☐ Y (List below)Patient adhering to prescribed medications / dose: ☐ Y ☐ N

Diabetic Meds: Oral – Name / Dose: _____

Insulin – Name / Dose: _____

ASA use (\geq age 40): ☐ Y ☐ NStatin Therapy: ☐ Y ☐ N**ACE Inhibitor/ARB Therapy:** ☐ Y ☐ N **Name / Dose** _____

ACE / ARB Contraindications / Cautions:

☐ Allergy ☐ Angioedema ☐ Aortic Stenosis ☐ Pregnancy ☐ Hyperkalemia ☐ Hypotension ☐ Renal Artery Stenosis
☐ Worsening Renal Function ☐ Patient Refused

Others: _____

ROS:Vision problems: ☐ Y ☐ NNumbness: ☐ Y ☐ NHypoglycemia: ☐ Y ☐ NNausea / vomiting / diarrhea: ☐ Y ☐ NChest pain: ☐ Y ☐ N

Other: _____

PAST MEDICAL HISTORY _____**O:** Vital Signs: **Blood Pressure:** _____ (ADA $< 130/80$) **BP Repeat:** _____ **BP at goal** ☐ Y ☐ N

Temperature: _____ Pulse: _____ Respirations: _____

Height: _____ Weight: _____ BMI: _____ Normal Range: ☐ Y (below 25) ☐ NCardiovascular exam: ☐ Normal ☐ Abnormal _____Respiratory: ☐ Normal ☐ Abnormal _____

Other: _____

Foot exam: ☐ WNL☐ Poor circulation ☐ Problematic toenails ☐ Tinea pedis ☐ Numbness/tingling☐ Foot deformity _____ ☐ Pre-ulcer callous pressure point _____ ☐ Ulcer _____

Neurofilament exam: _____

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PCP _____

Date of Visit: _____

MRN _____

PATIENT NAME: _____

DOB: _____

Paramount ID#: _____

A: Primary Encounter Diagnoses:☐ 250.01 Type 1 DM w/o complication, controlled☐ 250.03 Type 1 DM, uncontrolled☐ 250.00 Type 2 DM w/o complication, controlled☐ 250.02 Type 2 DM, uncontrolled**Diabetes Mellitus with Complications (please indicate all that apply):**☐ Diabetic neuropathy (250.6X and 357.2)☐ Diabetic peripheral vascular disease (250.7X and 443.9)☐ Other diabetic complications: _____**Other Encounter Diagnoses:**☐ 401.9 Hypertension☐ 272.0 Hypercholesterolemia☐ 272.4 Hyperlipidemia☐ 278.00 Obesity☐ Other: _____**P: Patient's Next Step to Health:** _____☐ Medication changes: _____☐ Next visit: _____ ☐ Routine ☐ Recall ☐ Follow-up problem☐ Revisit promptly should new symptoms develop☐ Schedule dilated eye exam☐ Lab When: _____☐ A1C☐ Fasting lipid panel☐ BUN / Creatinine☐ Urine for Albumin / Creatinine☐ AST/ALT Other: _____☐ Phone call follow-up: Scheduled for _____ (mm/dd/yyyy) by: _____ (name)**Education** Discussed: Diabetic Education Classes ☐ Y ☐ N Year _____ Order for Diabetic Education Classes ☐ Y ☐ N

Handouts given: _____

Referral to: _____

Comments: _____

Physician Signature: _____