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NEO QI Hub
NORTHEAST OHIO QUALITY IMPROVEMENT HUB

Resource B1.2:
Prescribing Provider Visit Template

Patient Information

Name:				
Reason for visit/patient comments:				
Last four A1C results and dates:	**Today:**	**Date:**	**Date:**	**Date:**
Last 3 BP readings with dates, including today:	**Today** (__/__)	**Date:** (__/__)	**Date:** (__/__)	
If A1C above individual's target, does individual check blood glucose levels?	☐ Yes ☐ No			
Was CGM or glucometer brought to visit?	☐ Yes ☐ No			
List CGM readings or add graph with readings: *Consider documenting time in range, time CGM active, % very high; % high; % target; % low; % very low; glucose variability; % hypoglycemia, number of severe hypoglycemic events.*				
If no CGM, enter blood glucose readings, if available. *Consider documenting 7-day average, pre-meal, postprandial, and bedtime blood glucose for several days, if on insulin; can scan into EHR*				
Has person had blood glucose over 250? *If yes, assess timing, frequency and possible causes*	☐ Yes ☐ No			
Has person had hypoglycemia (<70 mg/dL)? *If yes, assess timing, frequency and possible causes*	☐ Yes ☐ No			

Goal Setting

Individual goal for A1C:

_____

Individual target range for fasting blood glucose level:

A1C targets should generally fall between 6.5-8.0 to maximize reductions in complications while minimizing harms such as hypoglycemia. Blood glucose ranges matching an A1C target of 7-8 should be 80-130 mg/dL pre-meal, <180 mg/dL max postprandial. These blood glucose ranges would need to be adjusted if A1C targets are higher.

___TO ___

Individual goal for blood pressure:

<130/80 recommended unless unable to tolerate

_____

Individual CGM target:

Typically time in range of >70% with <5% hypoglycemia and no severe hypoglycemic events.

_____

List current medications:

Ask person with diabetes to describe how they take their diabetes, hypertensive and cholesterol medications, including insulin. Ask if there is a blood glucose number that patient does NOT take their insulin. If adherence is identified as an issue, discuss barriers to taking medication (timing, side effects, social situations, etc.) and establish an action plan.

_____

Medication adherence:

☐ Yes ☐ No

Concurrent use of:

Check all that apply

☐ Steroids ☐ Atypical steroids

Current exercise/activity pattern:

_____

Current diet/meal plan:

Specific attention: drinking carbs via milk, fruit juice or soda, alcohol use causing low glucose, meals/day and issues around food insecurity.

_____

Please Check Yes or No if the Patient Engages in Any of the Activities Below:

Drink alcohol:	☐ Yes ☐ No	If yes, how frequently:_____
Use nicotine products:	☐ Yes ☐ No	If yes, what kind & how frequently:_____
Use other substances:	☐ Yes ☐ No	If yes, what & how frequently:_____
Depressive symptoms:	☐ Yes ☐ No	If yes, last PHQ score & date:_____
Barriers to social needs:	☐ Yes ☐ No	If yes, what:_____
Have a social support system:	☐ Yes ☐ No	If yes, who:_____
History of diabetes-related complications:	☐ Microvascular: eye, kidney, nerve (tingling, numbness, pain) ☐ Macrovascular: cardiac (chest pain, palpitation, DOE, exertional and rest shortness of breath, lower ext. swelling), PAD (claudication). History of diabetic foot ulcer/amputation ☐ Other: sexual dysfunction, gastroparesis	

Health Maintenance: (Pull from EHR)

Date of last:

Dental check-up:_____
Eye exam:_____
Flu shot:_____
Lipids:_____
Microalbuminuria: _____

Serum creatinine and GFR:_____
Liver function test:_____
Pneumococcal vaccine:_____
Hepatitis B vaccine:_____
Shingles vaccine:_____

Physical Exam and Labs as Appropriate: Bring in Vitals and Labs From EHR

Height:_____
Weight:_____lbs
BMI:_____

Other Findings:

Include foot exam at least yearly – inspection, monofilament and vibration test; any pertinent lab results with dates: comprehensive metabolic panel, microalbumin, liver function tests, lipid panel.

Microalbuminuria present?

☐ Yes ☐ No

If yes, is patient on ACE-I/ARB or allergy to ACE-I/ARB?

☐ Yes ☐ No

If age 40-75 years, is patient on statin or unable to tolerate statin?

☐ Yes ☐ No ☐ N/A

For other ages, please review ASCVD risk and lipids and individualize cholesterol medication needs with patient.

Diabetes Assessment and Plan

Has the person ever had diabetes self-management education?	☐ Yes ☐ No	
Was diabetes education provided? *Comprehensive diabetes education as needed should address meal plan, physical activity, information about hypoglycemic and hyperglycemic symptoms, sick day, and review of foot care.*	☐ Yes ☐ No	If yes, what:
Other plans: *(med changes, diet/exercise etc…) based on visit assessment and discussion.*		

Referrals: *(as needed)*

☐ Ophthalmologist	☐ Cardiologist	☐ Diabetes self-management education and support
☐ Podiatrist	☐ Dietitian	☐ Psychology/Psychiatry
☐ Nephrologist	☐ Weight management	☐ Social work
		☐ Other

This resource is part of the AHEAD Initiative Diabetes QI Clinical Toolkit. For access to this toolkit and additional resources, please visit NEOQIHub.org.

In partnership with

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