

# 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 glucometer brought to visit?	Yes	No		
List blood glucose readings and times <i>(consider documenting 7-day average, pre-meal, post-meal and bedtime blood glucose for several days if on insulin – can scan into EHR):</i>				
Has person had BG over 250? <i>If yes assess timing, frequency &amp; possible causes</i>	Yes	No		
Has person had hypoglycemia (<70)? <i>If yes assess timing, frequency &amp; possible causes</i>	Yes	No		

Goal Setting		
Individual Goal for A1c:  _____	Individual target range for fasting BG level: <i>Blood Glucose &amp; A1c targets *A1c targets should generally fall between 6.5-8.0 to maximize reductions in complications while minimizing harms such as hypoglycemia. Blood sugar ranges matching an A1c target of 7-8 should be 80-130 mg/dl pre-meal, &lt;180 mg/dl max postprandial. These blood sugar ranges would need to be adjusted if A1c targets are higher.</i>  ____TO____	Individual Goal for Blood Pressure: <i>(&lt; 130/80 recommended unless unable to tolerate)</i>  _____
List Current Medications: <i>Ask person with diabetes to describe how they take their diabetes, hypertensive and cholesterol medications, including insulin. Ask if there is a blood sugar 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.</i>  _____	Medication Adherence:  Yes      No	
Concurrent Use Of: <i>(check all that apply)</i>  Steroids      Atypical Steroids	Current Exercise/Activity Pattern:  _____	
Current Diet/M meal Plan: <i>(specific attention to the following: drinking carbs via milk, fruit juice or soda, alcohol use causing low sugars, meals/day and issues around food insecurity):</i>  _____		



## Resource B1.2: Prescribing Provider Visit Template — Continued

### 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: _____
Does the patient 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)

<b>Date of Last:</b>	
Dental Check-Up: _____	Serum creatinine and GFR: _____
Eye Exam: _____	Liver Function Test: _____
Flu Shot: _____	Pneumococcal vaccine: _____
Lipids: _____	Hepatitis B vaccine: _____
Microalbuminuria: _____	Shingles vaccine: _____

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

Height: _____	Microalbuminuria present? Yes      No
Weight: _____ lbs	
BMI: _____	
Other Findings:	If yes, is patient on ACE-I/ARB or allergy to ACE-I/ARB? Yes      No
<i>Include foot exam at least yearly – inspection, monofilament and vibration test</i> <i>Any pertinent lab results with dates: comprehensive metabolic panel, microalbumin, liver function tests, lipid panel</i>	If age 40-75 years, is patient on statin or unable to tolerate statin? Yes      No      N/A <i>For other ages, please review ASCVD risk and lipids and individualize cholesterol medication needs with patient.</i>

Resource B1.2: Prescribing Provider Visit Template — Continued

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

Referrals: (as needed)		
Ophthalmologist Podiatry Nephrologist	Cardiologist Dietitian Weight management	Diabetes self-management education Psychology/psychiatry Social service Other