

Michigan Quality Improvement Consortium

Diabetes Mellitus Patient Checklist

Patient Name: _____ ID or SS#: _____ Sex: M _____ F _____
 DOB: _____

Date of Visit or date of result	Date	Result	Date	Result	Date	Result	Date	Result
Periodic Assessment (At least twice annually)								
Tobacco use status								
BP: # [adult goal: 130/80]								
Weight /height: [Specify Lbs. or Kg/Inches or Cm]								
BMI								
Foot Exam								
Behavioral health assessment								
Results of Lab tests and other studies								
HbA1C: #								
LDL: # [goal:<100mg/dl]								
HDL: #								
Triglycerides: #								
Urine protein: #								
Urine microalbumin if UA <1+ protein: #								
Dilated Eye Exam [date performed]								
Education, counseling and risk factor modification Guided self management								
Nutrition								
Exercise								
Foot care								
Cardiovascular risk reduction Smoking Blood Pressure Weight Lipids								
Glycemic control								
Smoking cessation intervention								
Pre-conception counseling								
Medical Recommendations At each visit until therapeutic goals are achieved								
ACE inhibitors prescribed for hypertension or albuminuria >30mg/24hr or albumin:creatinine ratio >30mg/g								
Management of cardiovascular risk factors								
Immunizations up-to-date [Td, influenza, pneumonia]								
Additional comments:								

KEY

= Actual Value

√ or P = Service Done / Performed

N/A = Not applicable / indicated