

NAME OF PATIENT	TYPE OF DIABETES <input type="checkbox"/> T1 <input type="checkbox"/> T2 <input type="checkbox"/> OTHER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH	YEAR OF DIAGNOSIS
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CARE OBJECTIVES		SELF MANAGEMENT (Discuss with patient)								
RISK FACTORS AND CO-MORBID CONDITIONS Body Composition <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:15%;">Height (cm)</td> <td></td> </tr> <tr> <td>Weight (lbs/kg)</td> <td></td> </tr> <tr> <td>BMI (kg/m²)</td> <td>Normal: 18.5 - 24.9 Overweight: 25-30 Obese: ≥30</td> </tr> <tr> <td>WC (cm)</td> <td>Males < 102 cm*; Females < 88 cm* *Ethnic-specific WC targets see http://guidelines.diabetes.ca/browse/Chapter17</td> </tr> </table>		Height (cm)		Weight (lbs/kg)		BMI (kg/m ²)	Normal: 18.5 - 24.9 Overweight: 25-30 Obese: ≥30	WC (cm)	Males < 102 cm*; Females < 88 cm* *Ethnic-specific WC targets see http://guidelines.diabetes.ca/browse/Chapter17	<input type="checkbox"/> Patient Goals: _____ <input type="checkbox"/> Refer to diabetic team/educator <input type="checkbox"/> Patient care plan, include pregnancy planning/driver's license <input type="checkbox"/> Set lifestyle management goals <input type="checkbox"/> Weight management targets: _____ <input type="checkbox"/> Physical activity (150 min/wk; resistance 2-3 times/wk) <input type="checkbox"/> Smoking cessation (Quit Now toll free: 1 877 455-2233) <input type="checkbox"/> Meal planning and nutrition <input type="checkbox"/> Glucose meter lab comparison (within 20%) <input type="checkbox"/> Dental health check
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VISITS (3 TO 6 MONTHS)					
DATE	BP (mm Hg)	WEIGHT (lbs/kg)	RECENT A1C ≤7% or:	Hypoglycemia (frequency)	NOTES Goals, clinical status and follow-up issues, medication notes (e.g., antihyperglycemic agents/CVD protection agents)
					BASELINE : Note allergies, side effects and contraindications

REMINDERS: Review SMBG Records. Target: pre-meal 4-7 mmol/L; 2 hour post-meal 5-10 mmo/L (5-8 mmol/L if A1C not at target).

SCREEN FOR COMPLICATIONS ANNUALLY OR AS CLINICALLY INDICATED

<input type="checkbox"/> NEPHROPATHY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">DATE</th> <th colspan="2">RENAL</th> </tr> <tr> <th>ACR</th> <th>eGFR</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	DATE	RENAL		ACR	eGFR							<input type="checkbox"/> NEUROPATHY <ul style="list-style-type: none"> • Check feet for lesions & sensation (128 Hz tuning fork/10g monofilament) • Check for pain, erectile dysfunction and GI symptoms <div style="text-align: center;"> </div>	<input type="checkbox"/> EYE DISEASE Annual Eye Exam: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">DATE</td> <td style="width:50%;">DATE</td> </tr> <tr> <td colspan="2">NAME OF OPHTHALMOLOGIST/OPTOMETRIST</td> </tr> </table>	DATE	DATE	NAME OF OPHTHALMOLOGIST/OPTOMETRIST																		
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