

Patient Identification

Diabetes Progress Sheet

Date	Time	Dr. Name	wt	Ht	Pain Score	Sign
BP	mmHg	Pulse	/min	Resp	/min	temp

BMI: _____ Hip: _____ Waist: _____ Allergy: _____
 Age: _____ Sex: M F Smoker: Y N Ex Initial / Follow up
 Diabetes since _____ yrs HTN _____ yrs Dyslipidemia _____ yrs. CAD _____ yrs

Diabetic Medications			Other Medications		
Class	Type	Dose	Class	Type	Dose
Insulin			Statins		
			ACE inhibitors		
Sulfonylurea			ARBs		
Metformin			Anti platelet		
Glitazones			Ezitimibe		
Acarbose			Beta Blockers		
others			Ca Channel blockers		
			Diuretics		

Other Complications / Comorbids:

Nephropathy Y N Diabetic Foot Y N HTN Y N
 Dyslipidemia Y N S/P Amputation Y N CAD Y N
 Depression Y N Erectile Dysfunction Y N

Examination:

Dental hygiene: _____
 Fundoscopy Y N Background R Y N Proliferative retinopathy Y N
 Foot exam Y N Peripheral neuropathy Y N Peripheral Vasc. Disesa Y N

Labs:

GLUF _____ GLUR _____ HbA1c _____ Creat _____ Na _____ K _____ SGPT _____
 T. Cholesterol _____ LDL-Cholesterol _____ HDL Cholesterol _____ Triglycerides _____
 Vit. B12 _____ Vit. D _____ TSH _____ Urine microalbumin _____

