

Adult Preventive/Diabetes Care Flow Sheet

Patient Name _____

ID/insurance # _____

Date of Birth _____

Physical Exam		Date of Service						
Blood Pressure - Every visit								
Weight - Every visit								
Foot Exam Every visit "N" = Normal "A" = Abnormal	Sensory							
	Vascular							
	Skin							
Dilated eye exam - Annually								

Immunizations	Date Received						
Influenza (annually)							
Pneumococcus (Recommended)							
Tetanus							

Cancer Screening	Dates of Service						
Mammogram: Women (> 50 years of age: annually)							
Pap Smear – Women: (Every 1-3 years)							
Colorectal: (Men and Women >50 years old)							
Fecal occult blood: (> 50 years old: annually)							
Sigmoidoscopy (> 50 years old)							
Colonoscopy (> 50 years old)							

Labs	Date of Service						
HbA1c – 2 times/yr. if stable							
Urine protein - Annually							
Microalbuminuria - Annually							

Lipid Profile	Date of Service						
Cholesterol - 2 times/yr. if stable							
Triglycerides - Annually							
HDL - Annually							
LDL - Annually							



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