Diabetes Mellitus Type 2 Workflow

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| **Due now** | **Completed** | | **TEST** | **INTERVAL** | **CONDITIONS** |
|  |  | | Office Visit (Weight-BMI-B/P-Foot exam) | 3 months | If Glucose levels are controlled |
|  |  | |  | 1 month | If Glucose levels are NOT controlled |
|  |  | | Random blood glucose/fingerstick | EVERY VISIT |  |
|  |  | | Dilated Retinal Exam (Eye Exam) | Annually |  |
|  |  | | Hemoglobin A1C | Every 6 months | If abnormal, (above 9.0) frequency is as per provider preference until controlled |
|  |  | | Fasting Lipid Panel (Blood test) | Annually |  |
|  |  | | Basic Metabolic Panel (Blood test) | Annually |  |
|  |  | | Microalbumin (Urine test) | Annually |  |
|  |  | |  | Every 6 months | If patient has ever had a results >30 |
|  |  | | Flu shot | Annually |  |
|  | |  | Pneumococcal vaccine | Once | Age 65 and up |
|  | |  | Self Management Goals/My Action Plan | EVERY VISIT | Referrals/intervention as needed |

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Medical Assistant Signature Date