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