Addressograph Area

ADULT FLOW SHEET

Diabetes Centre

Name (last, first): _____

Date of diagnosis (dd/mm/yy): _____

Type of Diabetes: ☐T1 ☐T2 ☐ Prediabetes (circle): IGT IFG IGIF

☐ Other: _____

Height: _____ Htm^2: _____ Goal Wt: _____ Acceptable wt. range (BMI 20-25): _____

Comorbidities: ☐ HTN ☐Dyslipidemia ☐CVD ☐Renal Disease ☐ Frailty: ____ ☐Other: _____

DATE(dd/mm/yy) ➔				
Lab Only √				
Seen by: (note O "other")	☐ RN ☐ RD ☐ NP ☐ O: _____	☐ RN ☐ RD ☐ NP ☐ O: _____	☐ RN ☐ RD ☐ NP ☐ O: _____	☐ RN ☐ RD ☐ NP ☐ O: _____
Weight: Kg/lbs | Wt. Change | BMI	Kg/lbs | Wt. Change | BMI	Kg/lbs | Wt. Change | BMI	Kg/lbs | Wt. Change | BMI	Kg/lbs | Wt. Change | BMI
Blood Pressure	1st | 2nd | Avg	1st | 2nd | Avg	1st | 2nd | Avg	1st | 2nd | Avg
BP Medication	☐ Yes ☐ No ☐ ▲ ☐ See Med Sheet	☐ Yes ☐ No ☐ ▲ ☐ See Med Sheet	☐ Yes ☐ No ☐ ▲ ☐ See Med Sheet	☐ Yes ☐ No ☐ ▲ ☐ See Med Sheet
Foot Assessment (indicate risk rating): Completed by: FClinic = foot clinic If FClinic, date of exam:	☐ n/a ☐ H ☐ DC ☐ M ☐ FClinic ☐ Low ☐ MD/NP	☐ n/a ☐ H ☐ DC ☐ M ☐ FClinic ☐ Low ☐ MD/NP	☐ n/a ☐ H ☐ DC ☐ M ☐ FClinic ☐ Low ☐ MD/NP	☐ n/a ☐ H ☐ DC ☐ M ☐ FClinic ☐ Low ☐ MD/NP
Referred to…				
BLOOD GLUCOSE (capillary on left/lab right)				
Fasting (cap | lab)	c | lab	c | lab	c | lab	c | lab
2-hr/other (note)				
QA (within 15-20%)				
LABORATORY				
A1C % | Goal A1C %	Goal	Goal	Goal	Goal
TC | HDL	TC | HDL	TC | HDL	TC | HDL	TC | HDL
Ratio TC:HDL				
LDL				
TG				
Lipid Medication	☐ Yes ☐ No ☐ ▲ ☐ See Med Sheet	☐ Yes ☐ No ☐ ▲ ☐ See Med Sheet	☐ Yes ☐ No ☐ ▲ ☐ See Med Sheet	☐ Yes ☐ No ☐ ▲ ☐ See Med Sheet
Creatinine				
eGFR				
ACR				
TSH				
Other				
Initials ➔ (who completed?)				

Key: ☐ ▲ = Change

Continued on page 2…

Addressograph Area

ADULT FLOW SHEET (page 2)

Diabetes Centre

Name (last, first): _____

Local Pharmacy: _____

Telephone: _____

DATE(dd/mm/yy) ➔				
TREATMENT				
Insulin/ Non-insulin Therapies (√ "pump")	☐ N/A ☐ ▲ ☐ Pump NSIPP: ☐ Y ☐ N TDD=____ ; ____ u/Kg	☐ N/A ☐ ▲ ☐ Pump NSIPP: ☐ Y ☐ N TDD=____ ; ____ u/Kg	☐ N/A ☐ ▲ ☐ Pump NSIPP: ☐ Y ☐ N TDD=____ ; ____ u/Kg	☐ N/A ☐ ▲ ☐ Pump NSIPP: ☐ Y ☐ N TDD=____ ; ____ u/Kg
Nutrition Therapy Type of (#1- #9): Adherence (#1- #5):	☐ ▲ 1 2 3 4 5 6 7 8 9 1 2 3 4 5	☐ ▲ 1 2 3 4 5 6 7 8 9 1 2 3 4 5	☐ ▲ 1 2 3 4 5 6 7 8 9 1 2 3 4 5	☐ ▲ 1 2 3 4 5 6 7 8 9 1 2 3 4 5
Local Use				

1. Diabetes Food Guide 2. General, Low Sodium, Low Fat 3. Beyond the Basics (indicate calories) 4. CHO Counting 5. Low Sodium (< 1700 mg) 6. Renal (Low potassium, low protein)
7. Lipid Lowering 8. Just the Basics 9. DASH (Hypertension)

Adherence: 1. Follows as recommended 2. Follows ≥ 4 days/week 3. Unable/unwilling to follow 4. Revised 5. Has made some changes, but needs to continue to improve

Physical Activity • Aerobic (A) • Resistance (R) Indicate quality # 1 - 5	A ☐ ▲ 1 2 3 4 5	R ☐ ▲ 1 2 3 4 5	A ☐ ▲ 1 2 3 4 5	R ☐ ▲ 1 2 3 4 5	A ☐ ▲ 1 2 3 4 5	R ☐ ▲ 1 2 3 4 5	A ☐ ▲ 1 2 3 4 5	R ☐ ▲ 1 2 3 4 5
Exercise Vital Sign (EVS) or Sessions/week	EVS:	# sessions/week:	EVS:	# sessions/week:	EVS:	# sessions/week:	EVS:	# sessions/week:
Local Use								

Quality of PA: 1. Consistent, moderate or greater intensity: (A) aerobic: [≥ 150 mins/week]; (R) resistance: [free weights or machines at least 2x/week])
2. Regular, but less than recommended: (A) aerobic: regular PA but < 150 min/wk; (R) Resistance: regular resistance activities using resistance bands or body weight but < 2x/week
3. Irregular activity 4. Able, but no attempt 5. Limited due to medical limitations

Initials ➔ (who completed?)				

Key: ☐ ▲ = Change

Continued on page 3…

Addressograph Area

ADULT FLOW SHEET—SELF-CARE PRACTICES (page 3)

Diabetes Centre

Name (last, first): _____

DATE(dd/mm/yy) ➔				
SELF-CARE PRACTICES				
Diabetes Distress	☐Low 1-2 ☐Mod 2-2.9 ☐High ≥ 3	☐Low 1-2 ☐Mod 2-2.9 ☐High ≥ 3	☐Low 1-2 ☐Mod 2-2.9 ☐High ≥ 3	☐Low 1-2 ☐Mod 2-2.9 ☐High ≥ 3
SMBG • Freq: • Use of results:	☐ n/a 1 2 3 4 5 6 7 1 2 3 4	☐ n/a 1 2 3 4 5 6 7 1 2 3 4	☐ n/a 1 2 3 4 5 6 7 1 2 3 4	☐ n/a 1 2 3 4 5 6 7 1 2 3 4
Frequency: 1. Regular as recommended 2. Regular less than recommended 3. Only when feeling poor 4. Does not test 5. At least 4 x/day 6. Approp. High intensity 7. Approp. Low Intensity **Use:** 1. Uses to modify treatment/act on results 2. Understands/does not adjust 3. Incorrect interpretation/incorrect modification 4. Does not use results				
Approp. Technique	☐ Yes ☐ No ☐ Reviewed	☐ Yes ☐ No ☐ Reviewed	☐ Yes ☐ No ☐ Reviewed	☐ Yes ☐ No ☐ Reviewed
Adverse Glycemic Events (since last visit, indicate frequency)	☐ None ☐ Mild x _____ ☐ Mod x _____ ☐ Severe x _____ ☐ DKA x _____ ☐ Reviewed appropriate Tx	☐ None ☐ Mild x _____ ☐ Mod x _____ ☐ Severe x _____ ☐ DKA x _____ ☐ Reviewed appropriate Tx	☐ None ☐ Mild x _____ ☐ Mod x _____ ☐ Severe x _____ ☐ DKA _____ ☐ Reviewed appropriate Tx	☐ None ☐ Mild x _____ ☐ Mod x. _____ ☐ Severe x _____ ☐ DKA x _____ ☐ Reviewed appropriate Tx
Recent Hosp.	☐ n/a ☐ Yes ☐ No	☐ n/a ☐ Yes ☐ No	☐ n/a ☐ Yes ☐ No	☐ n/a ☐ Yes ☐ No
Approp. Treatment	☐ n/a ☐ Yes ☐ No	☐ n/a ☐ Yes ☐ No	☐ n/a ☐ Yes ☐ No	☐ n/a ☐ Yes ☐ No
Ketones (approp. testing)	☐ n/a ☐ Yes ☐ No ☐ Reviewed	☐ n/a ☐ Yes ☐ No ☐ Reviewed	☐ n/a ☐ Yes ☐ No ☐ Reviewed	☐ n/a ☐ Yes ☐ No ☐ Reviewed
Diabetes ID	☐ n/a ☐ Yes ☐ No	☐ n/a ☐ Yes ☐ No	☐ n/a ☐ Yes ☐ No	☐ n/a ☐ Yes ☐ No
Smoking (for quit, when?)	☐ Yes ☐ No ☐ Quit _____	☐ Yes ☐ No ☐ Quit _____	☐ Yes ☐ No ☐ Quit _____	☐ Yes ☐ No ☐ Quit _____
Annual Flu Shot (mm/yy)				
Pneumococcal Vac (yy)				
Eye Exam (mm/yy)				
Dental Exam (mm/yy)				
ECG (mm/yy)				
Stress Test (mm/yy)				
Goal/Action Plan (reviewed)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Progress Notes (√)				
Initials ➔ (who completed?)				

Print Name	Signature	Initials	Print Name	Signature	Initials