

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Clinic: \_\_\_\_\_ Provider: \_\_\_\_\_

MR#: \_\_\_\_\_ Date: \_\_\_\_\_

### Diabetes Mellitus Encounter Form

#### Medication

Insulin (circle)	AM	Noon	PM	Bedtime
RH				
NL				
UL/Other				

Oral	AM	Noon	PM
Other:			
ASA			

#### Progress

Diet:	_____
Exercise:	_____
Meds:	_____
SMBG:	_____
Changes Since Last Visit:	
Y N Allergies	
Y N Chest Pain	
Y N Foot sores	
Y N Leg pain, numbness, burning	
Y N Visual changes	
Y N Recent infections	
Y N Smoker _____ packs per day	
Y N Planning Pregnancy	
Y N Need more education	
Y N Hospitalized	
Y N Psychosocial	

Last Dilated Eye Exam: \_\_\_\_\_ (Retinopathy? Y N )

Last Dietician Visit: \_\_\_\_\_

Last SMBG Training: \_\_\_\_\_ (Home Monitor? Y N )

Last Lipids \_\_\_\_\_

Last Microalbumin \_\_\_\_\_

Recent severe hypoglycemia?

\_\_\_\_\_ x/week  
\_\_\_\_\_ time of day

Mild hypoglycemia

\_\_\_\_\_ x/week  
\_\_\_\_\_ time of day

#### Hospital Details

Date: \_\_\_\_\_

Hospital: \_\_\_\_\_

Physicians: \_\_\_\_\_

Dx: \_\_\_\_\_

RX changes: \_\_\_\_\_

Ketoacidosis Y N

\_\_\_\_\_ work day missed since last visit

Y N Personal stressors

Y N Sexual problems

Ht \_\_\_\_\_ Wt \_\_\_\_\_ BP \_\_\_\_\_ T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_

Review SMBG Log

Ranges: FBS \_\_\_\_\_ to \_\_\_\_\_  
RBS \_\_\_\_\_ to \_\_\_\_\_

HEENT

Oral Periodontal

Neck

Lungs

Heart

Abd

Neuro

Ext

Feet Pulse +/-

Monofilament exam (diagram if abnormal):

Patient Name:

DOB:

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## Chief Complaint

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## Impression

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## Plan

### Medications:

### Follow-up:

Date of last

HbA1C \_\_\_\_\_  
Foot Exam \_\_\_\_\_  
Microalbumin \_\_\_\_\_  
Dilated eye exam \_\_\_\_\_  
Lipid Profile \_\_\_\_\_  
Immunization \_\_\_\_\_

Tests \_\_\_\_\_

Referral \_\_\_\_\_  
Exercise Regime \_\_\_\_\_  
Follow-up visit \_\_\_\_\_

## Notes

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