

<b>DOCTOR</b> Dr. First and LastName	<b>PATIENT</b> Family nam First name	<b>Diabetes educatn</b> Oyes Ono Year
Address	<b>Dof Birth</b> <b>Age at Dx</b>	<b>Dietician</b> at diagnosis
City Province Postal Code	<b>Age</b> <b>Sex</b> <input type="radio"/> F <input type="radio"/> M <b>or Yr of Dx</b>	<b>Fam Hx Diabetes</b> Oyes Ono Ounknow
Phone number Fax Fax number	<b>Height</b> feet in or cms <b>*Y of Diab.</b>	<b>Fam Hx Heart</b> Oyes Ono Ounknow
<small>*computer will calculate, not necessary to fill</small>	<b>Smoker</b> Oyes Ono Oex since	<b>Eye Exam</b> Name <b>Annual</b> dd-mm-yy
	<b>Patient ID</b>	<b>Foot Exam</b> <b>Annual</b> dd-mm-yy

<b>DIAGNOSIS</b>	<b>Medication</b>	<b>dose</b>	<b>Start date</b>	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	<b>Stop Date</b>
<input type="checkbox"/> Type 2 Diabetes Mellitus	Metformin									
<input type="checkbox"/> Obesity	TZD									
<input type="checkbox"/> Hypertension	SU									
<input type="checkbox"/> Dyslipidemia	Insulin									
<input type="checkbox"/> Nephropathy	Insulin									
<input type="checkbox"/> Retinopathy	Other									
<input type="checkbox"/> Neuropathy	Other									
<input type="checkbox"/> Depression	ACE									
<input type="checkbox"/> Erectile Dysfunction	ARB									
<input type="checkbox"/> Coronary Artery Disease	Other BP									
<input type="checkbox"/> Other	Statin									
<input type="checkbox"/> Other	Fibrate									
<input type="checkbox"/> Other	Other Lipid									
	Anti Platelet									
	Other									

	<b>GOAL</b>	<b>FREQ</b>	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy
<b>VISITS</b>	<b>Weight / Lbs</b>		ea visit							
	<b>Weight / KG*</b>		ea visit							
	<b>*BMI</b>	from 20 to 25	Annual							
	<b>Pulse</b>		ea visit							
	<b>BP systolic</b>	<130	ea visit							
	<b>BP diastolic</b>	<80	ea visit							
	<b>Waist Circ</b>	M <40 in F<36 in M <100cm, F<80cm	ea visit							
<b>GLYCEMI.</b>	<b>*FBS</b>	<7mmol/L	ea visit							
	<b>*PC GLU</b>	<10mmol/L	ea visit							
	<b>Av Glu</b>	<7mmol/L	ea visit							
	<b>A1c</b>	<7%	3 mo							
<b>LIPIDS</b>	<b>Chol</b>									
	<b>HDL</b>									
	<b>*TC/HDL</b>	<4	Annual							
	<b>*LDL</b>	<2.5	Annual							
	<b>*Trig</b>	<1.5	Annual							
<b>RENAL</b>	<b>MAU</b>	<20mg/L								
	<b>*ACR</b>	M<2, F<2.5	Annual							
	<b>*Creatinine</b>	<120 mmol/L	Annual							
	<b>*Cr Clearance</b>	>90ml/min								
	<b>TSH</b>									
	<b>ALT if on TZD</b>									
	<b>CK if on statin</b>									
	<b>Hgb</b>									
	<b>Hct</b>									
	<b>WBC</b>									
	<b>Urine Glu</b>									
	<b>Urine Prot</b>									
	<b>Urine Ketone</b>									
	<b>Phys. Activity</b>									
	<b>Neuro exam</b>									
	<b>Diet</b>									
	<b>Other</b>									