



Dear Colleague,

This is the Canadian Centre for Research on Diabetes Flow Sheet designed to help primary care practitioners treat their patients with diabetes according to current Canadian Diabetes Association (CDA) guidelines.

You may use this as a stand-alone tool; but with the consent of your patient, you may also fax this sheet to us after your patient visit with all the information that you have recorded. We will enter this information into our computer, which will perform all calculations such as BMI, total cholesterol/HDL ratio and creatinine clearance. We will reprint the completed form in colour, highlighting all values that exceed CDA guideline targets in red. In addition, if there are CDA guideline recommendations that might apply to this patient, we will print them on the bottom of the form. The form will be sent back to you by mail to insert in the patient chart and use at the next visit. Once again, after the next visit, enter any medication changes or new biometric values and fax back to us. We will again enter the revised information in the computer and send you a new flow sheet. The intent is to help you by providing guideline-directed care for better patient outcomes.

Periodically, you may receive reports on your own practice compared to your peers. These reports are confidential and can be sent only to you. Both your identification and all patient identifiers are removed and aggregate data on all patients in Canada is presented.

Give it a try and give us your feedback.

How to reach us:

Canadian Centre for Research on Diabetes

Tel: 1-800-717-0145

Fax: (613) 283-9020

Toll-free fax: 1-866-696-4099

E-mail: diabetes@igs.net

DOCTOR

Name: first name last name
Address: street address
City: city
Prov: pro PC: postal code
Phone: phone Fax: fax

PATIENT

Name: family name first name
D. of Birth: dd-mm-yy Age at Dx:
Sex: F M Yr of Dx: Yrs of Diab:
Height: ft inch or m cms
Patient ID:
Pharmacy:

Dietician: Y or N at diagnosis
Fam Hx Diabetes: Y or N Unknown
Fam Hx Heart: Y or N Unknown
Eye Exam: name Yr: dd-mm-yy
Foot Exam: name Yr: dd-mm-yy
Diabetes education: Y or N Yr: year
Smoker: Y or N Ex Smoker: Y or N Since: year

DIAGNOSIS:

- Type 2 Diabetes Mellitus
- Obesity
- Hypertension
- Dyslipidemia
- Nephropathy
- Retinopathy
- Neuropathy
- Depression
- Erectile Dysfunction
- Coronary Artery Disease
- Other
- Other
- Other

Medication	Dose	Start date	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	dd-mm-yy	Stop Date
METFORMIN										
TZD										
SULPHONYLUREA										
INSULIN										
INSULIN										
OTHER										
OTHER										
ACE										
ARB										
OTHER BP										
STATIN										
FIBRATE										
OTHER LIPID										
ANTI-PLATELET										
OTHER										

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

Comments: