

Diabetes History and Physical for GOODLIFE Clinic

Patient Name :

MR #:

Primary care physician:

Date:

Student:

Reason for Referral (Chief Complaint):

HPI

Patient identifiers:

Age:

Ethnicity:

Male/ Female:

Type of DM

(DM1, DM2, Temporary high BS, CFRD, Unknown, Other)

Age of DM diagnosis:

Duration:

Presentation:

Hospitalized for DM, DKA, high BG or low BG:

(Y/N)

Current Treatment

Insulin:

Short acting?

Long acting?

Adjustment for carbohydrate (Y or N)?

How:

Adjustment/ correction for hyperglycemia (Y or N)?

How:

Injection sites:

Kind of needles:

Oral agents:

Current:

Duration of current treatment:

Past meds and why stopped:

Lifestyle

Weight change (Y or N)?

Specific diet:

meals/ day

Examples of meal:

Snacks

Examples of snack:

Exercise (Y or N)?

BG monitoring

Frequency:

Kind of glucometer:

Age of meter:

Recent BG:

Fasting?

Pre-lunch?

Pre-supper?

Bedtime?

Overnight?

Hypoglycemia frequency:

Time of day/setting:

Threshold to feel low BG:

Diabetes Education

Last education received

Ever seen a dietician (Y or N)?

Regularly carry calories (Y or N)?

Medicalert ID (Y or N)?

Glucagon at home (Y or N)?

Anyone at home trained to give (Y or N)?

Diabetes Complications

Eyes:

Retinopathy (Y or N)?

Past laser or surgery (Y or N)?

Last eye appointment?

Dental:

Tooth problems (Y or N)?

Last dentist appointment?

Foot care:

Prior foot ulcers (Y or N)?

Moisturizer (Y or N)?

Current ulcers (Y or N)?

Podiatrist (Y or N)?

Nephropathy:

Kidney disease (Y or N)?

Proteinuria/ microalbuminuria (Y or N)?

Dialysis (Y or N)?

Neuropathy:

Numbness/ pain in hands (Y or N)?

Treatment for numbness/ pain?

Gastroparesis (Y or N)?

Bladder neuropathy (Y or N)?

Carpal tunnel (Y or N)?

Autonomic neuropathy (Y or N)?

Vascular disease:

Usual BP?

Angina or chest pain (Y or N)?

Treatment for angina or chest pain?

Past treadmill or DSE exam (Y or N)?

Peripheral vascular disease/ claudication (Y or N)?

Men -

Impotence (Y or N)?

Treatment of impotence?

Women -

Regular menses (Y or N)?

Interested in pregnancy (Y or N)?

HRT/ birth control (Y or N)?

Past pregnancy complications (Y or N)?

Yeast infections (Y or N)?

Vaccinations:

Pneumovax?

Tetanus?

Flu shot?

Past Medical History

Allergies:

Current Medications:

ASA (Y or N)?

ARB/ ACE inhibitor (Y or N)?

Other meds?

Past Illness/ Hospitalizations/ Surgeries?

(Diabetes, Hypertension, Hypercholesterolemia, CAD/ MI/ CABG/ CHF, CVA, PVD/ claudication, Renal insufficiency, Liver disease, Other)

Social History

Marital status:

Lives alone or with:

Employed (Y or N)?

Job:

Ethanol (Y or N)?

Smoking (Y or N)?

Packs/day:

Wants to quit?

Drugs (Y or N)?

Social situations that effects care:

Family history:

(especially DM, HTN, Heart Disease, Hyperlipidemia, thyroid)

Mom:

Dad:

Siblings:

ROS:

General

HEENT

Thyroid and other endocrine

Cardiopulmonary

GI

Neurologic

Skin

Reproductive

Depression and Psych

Physical:

Blood pressure (goal 130/80):

Pulse:

Temp:

Resp:

Blood Sugar:

Height:

Weight:

Fundoscopy exam:

Heart, lungs, pulses:

Abdominal:

Exam of insulin injection site for lipohypertrophy:

Foot exam/extremities:

Neurologic (monofilament):

Lab (date):

Hgb A1C (normal <6.5, goal <7):

Urine alb/cr (normal <30):

TSH (type 1):

Creatinine:

Cholesterol (goal <200):

TG's (goal <150):

HDL (goal >45):

LDL (goal <100):

AST:

ALT:

Assessment and Plan:

Lab ordered:

Follow-up:

Return visit date:

Needs primary care physician (Y or N)?