

Patient Visit Summary (Diabetes)

Patient ID:	MR:	Age:	DOB:	Sex:	Date:	Last Visit	This Visit
Name:		Race:			Weight (lbs):		
Address 1:		Language:			Height (inches):		
Address 2:		Phone:			Pulse:		
City:		PCP:			Blood Pressure:		
State:	ZIP:	Insurance:			BMI:		
					Pain Score:		

PROBLEMS:

MEDICATIONS:

Goals	C	Date	N	Procedures / Referrals	C	Date	N
Goals Set				Diabetic Health Education			
HbA1c (i2i)				Dental Visit (i2i)			
Exercise (i2i)				Ophthalmology Visit (i2i)			
Other Profile Items				Podiatry Visit (i2i)			
Smoker (i2i)				Depression Screening (i2i)			
Immunizations				EKG (i2i)			
Flu (i2i)							
Pneumovax (i2i)							

Blood Pressure	BMI	HbA1c	LDL	Microalbumin, U	HDL	TG	
Date	Val	Date	Val	Date	Val	Date	Val

