

# CDEMS Progress Note

Last Visit

This Visit

Date mmddyy

Weight (pds)

pds

Height (ins)

inches

BP-Sys/Dia  /

LN  FN  DOB  Sex

Address  Phone  Age

PLanguage  Ethnicity  PCP  Migrant  Homeless

BMI  Insurance  Specialist

Conditions	Dx	Add	D/C	Services	LDate	LResult	NDate	NResult	Ref	De	Labs	LDate	LResult	NDate	NResult	Ref	De
CAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DM Educ							HbA1c	08/05	6.2				
Cerebrovasc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NutEduc							GFR	08/05	47				
Periph vascul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flu Vac	11/04						Hgb	08/05	10.8				
DM-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pne Vac	12/97						LDL	08/05	83				
HTN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot Chk	08/05						MiAI/Crea rat	08/05	26.7				
Hyperlipidem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot Risk Asm	08/05	0					Ser. Creatini	08/05	1.2				
Nephropathy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exer Asmt	01/04	4					AST (SGOT)	06/04	24				
Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retinal Ex	01/05						Cholesterol	08/05	175				
Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SM Goal	08/05						Triglyceride	08/05	219				
SelfMonitrBG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smke Asmt	01/04	never					HDL	08/05	48				
				Smke Ce													

Meds	Rx	Add	D/C
ACE/ARB	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACE/ARBcont	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AG Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASA contra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASA+/or other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP Med	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glitazones	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucophage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lipid Agent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonylurea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SM Goal \*5 3/31/04-restart water aerobics. 12/7/04-better food choices, reduce portion size, follow meal plan. 8/5/05-lose 5lbs.

NEW Self Mgmt Goal (leave blank if no change)

Next Visit Date  Provider

### Retinal Examination Criteria

- Report from Ophthalmologist is in the patient's chart. Date of DM Eye Exam: \_\_\_\_\_
- You have given the patient the provided Diabetic Eye Exam form and have referred the patient to an Ophthalmologist
- Patient has had an exam within the last 12mo, however, no documentation in the chart; provide name of Ophthalmologist and approx date of exam: \_\_\_\_\_

### Tickler Legend

**Shaded in RED to alert the provider of a test overdue or a lab result exceeding goal**  
**Shaded in GREEN to alert the provider that the re-test date is approaching (within 60 days).**  
**Shaded in BLACK to alert the provider that the patient was referred for care during previous visit**

### Clinical Standards

<b>GlycoHgb</b>	check q3mo: Goal <=7	<b>Smoking status</b>	cessation offered
<b>MicroAlbumin</b>	check q12mo: Goal <=20	<b>Pneumovax</b>	Once in all diabetics
<b>LDL Chol</b>	check q12mo: Goal <=100	<b>Flu Vaccine</b>	Every 12mo in the fall
<b>Blood pressure</b>	check q/visit: Goal 130/80	<b>Foot Exam</b>	Every 12mo w / monofilament
<b>ASA use</b>	all diabetics >30 y/o	<b>Retinal Exam</b>	Dilated exam every 12mo
<b>ACE use</b>	If proteinuria or hypertension	<b>Self Mgmt Goal</b>	Discussed / documented

### Foot Risk Criteria / Exercise Asmt / Smoking Asmt / Self-Management Goal

- Foot Risk** – 0 – No loss of protective sensation.  
 1 – Loss of protective sensation with no weakness, deformity, callus, pre-ulcer or history of ulceration.  
 2 – Loss of protective sensation with weakness, deformity, pre-ulcer or callus but no history of ulceration.  
 3 – History of planter ulceration.
- Exer Asmt** – Number of times a wk
- Smke Asmt** – Never / Past / Current
- SM Goal** – a behavior oriented goal set by the patient with frequency and duration.

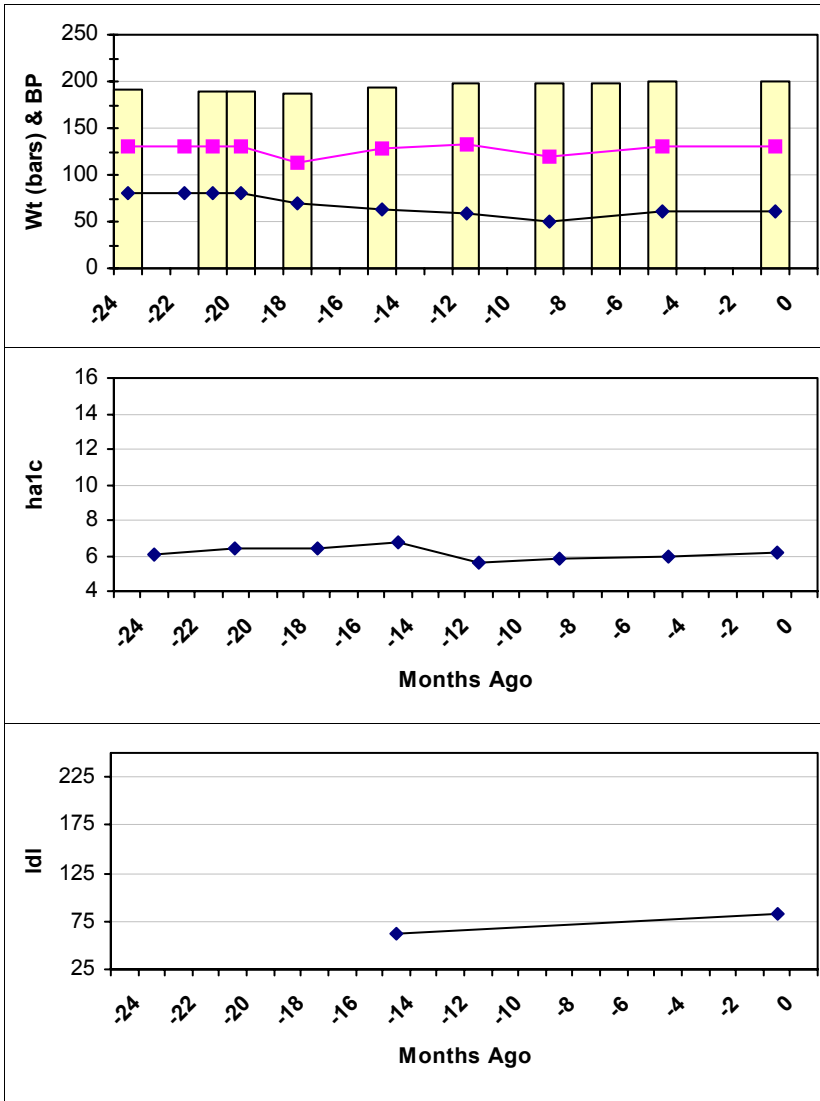


Patient Summary as of:

**Recommendations For The Patient**

NOT A PERMANENT PART OF PATIENT'S RECORD

Test/Treatment Type	Standard for your care	Last Done	Additional Information
Complete foot exam	Every 12 months	08/05	Complete exam every 12 months
HbA1c	Check q 6mo: Goal<7	08/05: 6.2	Checks for control of your blood sugars for last 3 mo.
Influenza vaccine	Every 12 months in Fall	11/04	Helps prevent influenza infection.
LDL Cholesterol	check q12 mo: Goal<=100	08/05: 83	Checks for "bad" cholesterol that can cause heart attacks.
MicroAlbumin	Check q12mo: Goal<=30	08/05: 26.7	Checks for protein in your urine (sign of kidney damage.)
Pneumonia vaccine	Once in all diabetes	12/97	Prevents common type of pneumonia/ meningitis/sepsis.
Retinal (eye) exam	Dilated exam every 12 mo	01/05	Checks for eye damage from diabetes (can cause blindness).
Self management goal	Discussed/documentated	08/05	Helps you set your own goals for controlling your diabetes.



**Your Blood pressure and Weight**

Date	Sys	Dia
08-05-05	130	60
04-06-05	130	60
12-07-04	120	50

Date	Wt
08/05/05	201
04/06/05	200
02/02/05	197

**ha1c**

Date	result
8/5/2005	6.2
4/6/2005	5.9
12/7/2004	5.8

**ldl**

Date	result
8/5/2005	83
6/1/2004	63
5/1/2003	37