

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DM Educ							HbA1c	08/05	5.6				
Cerebrovasc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NutEduc							GFR						
Periph vascul	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flu Vac	10/04						Hgb	05/05	15.0				
Previous MI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pne Vac	10/99						LDL	05/05	81				
DM-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot Chk	11/04						MiAl/Crea rat	05/05	6.9				
HTN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foot Risk Asm	11/04	3					Ser. Creatini	05/05	1.1				
Hyperlipidem	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exer Asmt	11/04	7d/wk					AST (SGOT)	05/05	18				
Nephropathy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retinal Ex	02/05						Cholesterol	05/05	122				
Neuropathy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SM Goal	11/04						Triglyceride	05/05	61				
Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smke Asmt	01/04	past					HDL	05/05	29				
SelfMonitrBG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smke Ce													

SM Goal %5 7/14-will improve watch of carbs when shopping for food. 11/29 - meal selection, daily walking

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"/>
B-Blockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-Blk contra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP Med	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diuretics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glitazones	<input 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"/>
Nitrates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirolonacton	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulfonylurea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

DM Clinical Standards

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

CV Clinical Standards

HDL Chol	check q12mo: Goal >40mg/dL	LVEF assessment	pts w/prior MI
LDL Chol	check q12mo: Goal <100 or non HDL <130	DM Screening	Every 12mo
Blood pressure	check qVisit: Goal <140/90	Nutrition counseling	Every 12mo
ASA / Plavix / Antico	All	Depression screening	Every 12mo
ACE/ARB use	All	Activity assessment	Every 12mo
Beta-Blocker	pts w/prior MI	Smoking status	cessation offered
Statin	All	Self Mgmt Goal	Discussed/document

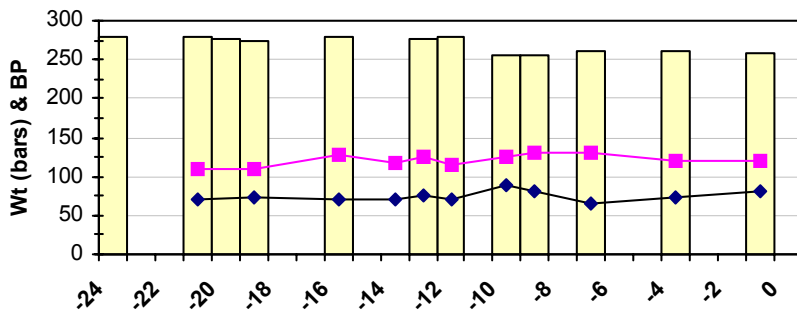


Patient Summary as of:

Recommendations For The Patient

NOT A PERMANENT PART OF PATIENT'S RECORD

Test/Treatment Type	Standard for your care	Additional Information
LDL Cholesterol Check	Every 12mo: Goal LDL<100	checks for "bad cholesterol" that can cause heart attacks
Blood Thinner	One of these meds ongoing	Antiplatelet or Anticoagulant medication reduces the risk of blood clotting
ACE Inhibitor medication	Ongoing	lowers blood pressure making it easier for the heart to pump blood
Nutrition Evaluation	Every visit:diet low in sat fat & cholesterol	decreases risk of heart disease and can lower "bad cholesterol"
Smoking Assessment	Goal: Do not smoke	cessation counseling or medication can help a person stop-smoking
Physical Activity Asmt	Minimum Goal: 30min/3-4days/wk	improves general health, reduces risk of heart disease
Weight Assessment	Every visit:Goal - BMI <25	BMI is a measure of body fat based on height and weight.
Self-Management Goal	Discussed/documentated	helps you set your own goals for controlling your health condition
Complete foot exam	Every 12 months	Complete exam every 12 months
HbA1c	Check q 6mo: Goal<7	Checks for control of your blood sugars over past 3 months
MicroAlbumin	Check q12mo: Goal<=30	Checks for protein in your urine (sign of kidney damage)
Retinal (eye) exam	Dilated exam every 12 mo	Checks for eye damage from diabetes (can cause blindness)
Blood Pressure Check	Every visit: Goal <140/90	If have Diabetes: Goal 130/80



Your Blood pressure and Weight

Date	Sys	Dia
08-09-05	120	80
05-09-05	120	74
02-22-05	130	66

Date	Wt
08/09/05	258
05/09/05	261
02/22/05	262

ha1c

Date	result
8/4/2005	5.6
5/9/2005	5.9
2/22/2005	5.4

ldl

Date	result
5/9/2005	81
11/29/2004	66
5/14/2004	81

