INTERNAL MEDICINE

Diabetes follow-up

Blank documentation outlines. Adapt to the encounter and your practice requirements; complete only findings and care actually documented.

ENCOUNTER

Patient name:

Date of birth:

Date and time of encounter:

Clinician:

INTERVAL HISTORY

Changes since the previous visit

Low blood sugar episodes, timing and treatment as reported

Medication and insulin use as reported, adherence and adverse effects

Diet, activity and barriers to self-management

GLUCOSE DATA

Most recent A1C with date

Home glucose or continuous glucose monitor data reviewed, with dates and source

MONITORING

Vitals measured today, with units

Foot examination performed and findings

Eye examination status and date

Kidney monitoring results with dates

Lipid results with date

ASSESSMENT AND PLAN

Current control and supporting data

Medication decisions and rationale

Agreed targets

Orders, referrals and education provided

FOLLOW-UP

Follow-up timing and purpose

Return precautions discussed

Patient questions and understanding