

DIABETES ASSESSMENT

Patient's name _____

History (no frequency requirement for PIP payment)

- | | | |
|----------------------|--|---------------|
| * Smoking | No/Yes – advised to QUIT | .../.../..... |
| * Dietary compliance | Satisfactory/Poor – advice given | .../.../..... |
| * Physical activity | Satisfactory/Inadequate – advice given | .../.../..... |

Examination (6/12)

- | | | | | | |
|-----------------|--------------------------------|-----------|----------|-----|---------------|
| * Height | Weight | BMI | BP | (1) | .../.../..... |
| | | | | (2) | .../.../..... |
| * Feet - Pulses | Palpable / Diminished / Absent | | | (1) | .../.../..... |
| - Sensation | Normal / Peripheral neuropathy | | | (2) | .../.../..... |

Investigations (12/12)

- | | |
|------------------------|---------------|
| * HbA1C | .../.../..... |
| * Microalbumin | .../.../..... |
| * Lipids - cholesterol | .../.../..... |
| - triglycerides | .../.../..... |
| - HDL | .../.../..... |
| - LDL | .../.../..... |

Referrals (2 yrs)

- | | |
|-------------------|---------------|
| * Ophthalmologist | .../.../..... |
|-------------------|---------------|

Medication (no frequency requirement for PIP payment)

- | | |
|---------------------|---------------|
| * Review Medication | .../.../..... |
|---------------------|---------------|

Patient Education (no frequency requirement for PIP payment)

- | | |
|---------------------|---------------|
| * Self care | .../.../..... |
| * Review diet | .../.../..... |
| * Physical activity | .../.../..... |

Comments

Use special Medicare Item number when the above have been *completed*

Place on **'Diabetes Review & Recall'** – *annually*