

DIABETES SPREAD SHEET

<i>Year</i>												
Quarter	1	2	3	4	1	2	3	4	1	2	3	4
HISTORY & PATIENT EDUCATION (no frequency requirement for PIP payment)												
- Smoking NO/YES – advised to quit												
- Dietary compliance Satisfactory/Poor – advice given												
- Physical Activity Satisfactory/Inadequate – advice given												
- Self Care Satisfactory/Inadequate – advice given												
REVIEW MEDICATION (No frequency requirement for PIP)												
EXAMINATION (6/12)												
Height												
Weight												
BMI												
BP - lying												
- standing												
Feet – Pulses Palpable / Diminished / Absent												
Feet – Sensation Normal / Peripheral Neuropathy												
INVESTIGATIONS (12/12)												
BGLs – Hba1c												
- glucometer												
Microalbumen												
Lipids – Cholesterol												
- Triglycerides												
- HDL												
- LDL												
REFERRALS (2 YRS)												
Ophthalmologist												
Other												
Current Care Plan & review date												

Use special Medicare Item Number when all the above have been *completed*

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