

DATE: ____/____/____
 month day year

104.110

Provider information:
 Endo Internist FFP
 NP or PA Other

100.1606

Patient ID _____
 Physician ID _____
 Clinic/Site ID _____

0.0.0, 104.52, 104.53

Physician Baseline Questionnaire DIABETES FORM 2.2

TO BE COMPLETED BY PHYSICIAN AT TIME OF PATIENT'S VISIT

HISTORY

1. Age at diagnosis: ____ ____ If age of onset is **greater than 18**,
104.131 weight at onset: ____ ____ lbs
2. History of the following (check all that apply):
 - a. ____ Hypertension
 - b. ____ Drug treatment of HTN
 - c. ____ Hyperlipidemia 104.132
 - d. ____ Drug treatment of lipids
 - e. ____ TIA
 - f. ____ Cerebrovascular accident
 - g. ____ Laser therapy to eyes
 - h. ____ Vitrectomy
 - i. ____ Angina
 - j. ____ MI
 - k. ____ CABG/angioplasty
 - l. ____ Dialysis/transplant
 - m. ____ Claudication
 - n. ____ Arterial vascular procedure (non-cardiac)
 - o. ____ Lower extremity ulcer
 - p. ____ Lower extremity amputation

RIGHT LEFT

- (1.) ____ Digit(s) only
- (2.) ____ Greater than digits but below ankle
- (3.) ____ BKA (below knee)
- (4.) ____ AKA (above the knee)

3. Has patient had a dilated fundoscopic examination **in the past year?**
 ____ YES ____ NO 104.133
4. **In the past year**, how many times has the patient had:
 - a. ____ Hypoglycemic reactions requiring the help of another person
 - b. ____ Intravenous outpatient treatment for hyperglycemia 104.134
 - c. ____ Parenteral outpatient treatment for hypoglycemia
5. **In the past year**, how many times has the patient been hospitalized for:
 - a. ____ Poor control or DKA
 - b. ____ Hypoglycemia 104.135
 - c. ____ Diabetic complications
 - d. ____ Reasons other than diabetes

TREATMENT

1. Has a nutritionist ever been consulted? ____ YES ____ NO
 If yes, indicate the number of visits in the past year ____
104.136
2. **In the past year**, has the patient been on (check all that apply):
 - a. ____ Chlorpropamide
 - b. ____ Glipizide
 - c. ____ Glyburide
 - d. ____ Metformin 104.137
 - e. ____ Other oral agent
 - f. ____ Insulin

(1.) ____ Insulin pump

PHYSICAL ASSESSMENT

1. Height: ____ ft. ____ inches Weight: ____ lbs. 104.138
2. **B.P. (seated):**
 - a. systolic: ____ mm Hg 100.1589
 - b. diastolic: ____ mm Hg
 - c. pulse: ____
3. **Eyes:** Does patient have (check only one):
 - a. ____ Non-proliferative retinopathy
 - b. ____ Proliferative retinopathy 104.139
 - c. ____ No retinopathy
4. **Vascular exam:** Does patient have evidence of PVD (check all that apply)
 - a. ____ Peripheral vasculature disease (decreased pulses) 104.140
 - b. ____ Bruits
5. **Nerves/Foot exam** (check all that apply):
 - a. ____ Decreased LE sensation*
 - b. ____ Foot callus 104.141
 - c. ____ Foot ulcer
 - d. ____ Charcot arthropathy

*(pin prick, light touch, vibration, deep tendon reflexes)

LABORATORY ASSESSMENT

Enter the most recent lab information collected **in the past year:**

- | | <u>Value</u> | <u>Date</u> |
|---|--------------|----------------|
| a. Fasting plasma/serum glucose <small>104.142</small> | ____ | ____/____/____ |
| b. Random plasma/serum glucose <small>104.143</small> | ____ | ____/____/____ |
| c. HgbA1c <small>104.144</small> | ____ | ____/____/____ |
| Normal range ____ to ____ | | |
| d. Dipstick proteinuria (circle one) <small>104.145</small> | | ____/____/____ |
| 1 negative 4 100 mg/dl (2+) | | |
| 2 trace 5 300 mg/dl (3+) | | |
| 3 30 mg/dl (1+) 6 over 300 mg/dl (4+) | | |
| e. Microalbumin (micrograms per minute) <small>104.146</small> | ____ | ____/____/____ |
| f. 24-hour urine protein (mg) <small>104.147</small> | ____ | ____/____/____ |
| g. Serum creatinine <small>104.148</small> | ____ | ____/____/____ |
| h. Lipids: | | |
| total cholesterol | ____ | ____/____/____ |
| triglycerides | ____ | ____/____/____ |
| HDL cholesterol | ____ | ____/____/____ |
| LDL cholesterol | ____ | ____/____/____ |

104.149-152