DATE: ____ ____/____ _____/____ ____
month day year

104.110

Provider information:
☐ Endo ☐ Internist ☐ FP
☐ NP or PA ☐ Other

100.1606

Patient ID |_|_|_|_|_|_|_|_|_|_|

Physician ID |_|_|_|_|_|_|

Clinic/Site ID |_|_|_|_|_|_|_|_|

0.0.0, 104.52, 104.53

Physician Follow-up Questionnaire

DIABETES FORM 2.3

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

1. Date of last data collection:___ ___ / ___ ___ / ___ ___ 104.112
month day year

INTERVAL HISTORY

2. Have any of the following occurred or been newly diagnosed **since the last data collection** (check all that apply)?
   a. _____ Hypertension
   b. _____ Drug treatment of HTN 104.153
   c. _____ Hyperlipidemia
   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 extemity 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 funduscopic examination **since the last data collection**? _____ YES _____NO 104.154

4. **Since the last data collection**, how many times has the patient had:
   a. _____ Hypoglycemic reactions requiring the help of another person
   b. _____ Intravenous outpatient treatment for hyperglycemia
   c. _____ Parenteral outpatient treatment for hypoglycemia 104.155

5. **Since the last data collection**, how many times has the patient been hospitalized for: 104.156
   a. ___ ___ Poor control or DKA
   b. ___ ___ Hypoglycemia
   c. ___ ___ Diabetic complications
   d. ___ ___ Reasons other than diabetes

TREATMENT

1. **Since the last data collection**, indicate the number of times a nutritionist has been seen: _____ 104.157

2. **Since the last data collection**, has the patient been on (check all that apply):
   a. _____ Chloropropamide b._____ Glipizide
   c. _____ Glyburide d._____ Metformin
   e. _____ Other oral agent f . _____ Insulin
   (1.) _____ Insulin pump 104.158

PHYSICAL ASSESSMENT

1. Height: ___ ft. ___ ___ inches Weight: ___ ___ ___ lbs. 104.138

2. **B.P. (seated):**
   a. systolic: __ __ __ mm Hg
   b. diastolic: __ __ __ mm Hg 100.1589
   c. pulse: __ __ __

3. **Eyes:** Does patient have (check only one):
   a. _____ Non-proliferative retinopathy 104.139
   b. _____ Proliferative retinopathy
   c. _____ No retinopathy

4. **Vascular exam:** Does patient have evidence of PVD (check all that apply)
   a. _____ Peripheral vasculature disease (decreased pulses)
   b. _____ Bruits 104.140

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**:

	Value	Date
a. Fasting plasma/serum glucose 104.142	__ __ __	___ /___ /___
b. Random plasma/serum glucose 104.143	__ __ __	___ /___ /___
c. $HgbA1_c$	__ __ . __	___ /___ /___
Normal range ___ ___ . ___ to ___ ___ . ___ 104.144		
d. Dipstick proteinuria (circle one) 104.145		___ /___ /___
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) 104.146	__ __ __ __	___ /___ /___
f. 24-hour urine protein (mg) 104.147	__ __ __ __ __	___ /___ /___
g. Serum creatinine 104.148	__ __ . __	___ /___ /___
h. Lipids:		
total cholesterol	__ __ __	___ /___ /___
triglycerides	__ __ __ __	___ /___ /___
HDL cholesterol	__ __ __	___ /___ /___
LDL cholesterol	__ __ __	___ /___ /___

104.149-152