

Diabetes Annual Cycle of Care Checklist

Patient name: _____

Date of Birth: _____ MRN _____

Doctor: _____

6 Monthly	Date	Date
Measure height, weight and calculate BMI		
Measure blood pressure		
Examine feet		
Yearly	Date	
Measure HbA1c		
Measure cholesterol, triglycerides, HDL cholesterol		
Test for microalbuminuria		
Measure estimated Glomerular Filtration Rate (eGFR)		
Provide self care education		
Review diet/Healthy Eating Plan		
Review of physical activity		
Check smoking status		
Review medication		
Discuss diabetes and driving		
Comprehensive eye exam		

Date claimed: _____

This information is provided as part of the *Support health professionals in the assessment of a person with diabetes and their fitness to drive* online learning module developed by the Australian Diabetes Educators Association (2014) with funding from the NDSS.