

# Abstract - page 1

## CLINICAL DATA ENTRY FORM

### Patient Information Entry:

Last Name*	<input type="text"/>				
First Name*	<input type="text"/>	MI	<input type="text"/>	Gender	<input type="text"/> → <input type="text"/> M F
Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/> Asian Indian Chamorro ... Vietnamese
Telephone #	<input type="text"/>	Race → <input type="text"/>	American Indian/Alaskan Native Asisan/Pacific Islander Black Hispanic White Unknown Other	Asian Pacific Islander	<input type="text"/> → <input type="text"/> Active Inactive
Race				Status	
Medical Record #*	<input type="text"/>			DSME Educ Site	<input type="text"/> → <input type="text"/> XYZ Site ...
SSN #*	<input type="text"/>				
Primary Physician	<input type="text"/>				
Payor	<input type="text"/>			B/Cross-B/Shield Medicare Medicaid Medicare/Medicaid No Insurance Other Insurance Unknown Self	
Date of Birth	<input type="text"/>			Diabetes Type	<input type="text"/> → <input type="text"/> Type 1 Type 2 Unknown GDM
Date of Death	<input type="text"/>				
Diagnosis	<input type="text"/>				

### Most Recent Date

Office Visit  Date:

### Clinic Exam

Weight  Date:   lbs  kgs.

Height  Date:   ft.  in.

Blood Pressure  Date:  \  mmHg

Foot Exam  Date:

Type

Active

Monofilament Visual

Risk  High risk  
Low risk  
Unknown

Recommend (Without shoes)

Foot Care Referral  
Therapeutic Shoes

Yes  
No

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## Eye and Dental Exams

Dilated Eye exam Date:

Result  →  No Retinopathy  
Mild Retinopathy  
Severe Retinopathy  
Unknown

Eye exam referral Date:

Dental exam referral Date:

## Laboratory Data

A1C Date:  %

**LIPIDS**

Lipid Panel Date:

HDL  mg/dl

LDL  mg/dl

Triglyceride  mg/dl

**KIDNEY**

Creatinine Date:   mg/dl

e-GFR Date:   ml/min

Urine ACR Date:   mg/g

Proteinuria Date:   + / -

Microalbuminuria Date:   + / -

## Immunization Status

Influenza Date:   Declined

Pneumo Date:   Declined

## Prevention Services

Tobacco Use Date:  →  Counseling  
Cessation Group  
Quit Line  
Rx/NRT  
Other

Diabetes Education Date:

Medications Date:  →  ACE-1 or ARB  
ASA/Anti-Coag.  
Lipid Lowering

Current:  (Yes, No) Intervention:  (Yes, No)

→  Alpha-glucosidase  
TZD  
Biguanides  
Sulfonylureas  
Glitnides  
Insulin  
Incretin

→  Nutrition  
Personal Goal  
Physical Activity  
SBGM  
Medication Counseling  
Foot Care Education  
Insulin Counseling  
Other \_\_\_\_\_