



DIABETIC PATIENT PROTOCOL

	1 st Quarter	Result	2 nd Quarter	Results	3 rd Quarter	Results	4 th Quarter	Result
HbA1C*								
HDL*								
LDL*								
GFR*								
Nephropathy Screening*								
Foot Exam*								

*Annual exam for patients with well controlled Diabetes, otherwise every 3 months.

	Annually	Report Received
Glaucoma Screening		
Retinal Exam		
Podiatry Consult		

Specialty Referrals (if appropriate)

- Referral to Endocrinologist (A1c at 7 or higher refer to Endo for evaluation)

_____ (Date)

- Referral to Neurologist (peripheral neuropathy)

_____ (Date)

- Referral to Outpatient Diabetes Education

_____ (Date)