New Nouveau Brunswick

Diabetes: ☐ Type 1 ☐ Type 2 ☐ Insulin

Name: _____

Date of diagnosis: _____

Date of birth: _____

Vaccine: Pneumovax: _____ _____ **Influenza:** _____

Private Health Insurance: _____

☐ Dyslipidemia ☐ Ischemic Heart Disease ☐ Retinopathy ☐ Erectile Dysfunction

☐ Hypertension ☐ Stroke / TIA ☐ Nephropathy ☐ Foot Ulcer

☐ Mental Health ☐ Peripheral Vascular Disease ☐ Peripheral Neuropathy ☐ Other _____

☐ Smoking 1-877-513-5333 Smokers Help Line

DATE				
MEDICATIONS				
Sensation 				
Weight, BMI				
BP				
A1c				
HDL				
LDL/non HDL-C				
Creatinine/eGFR				
Albumin/ Creatinine Ratio				
Other				
ECG (consider)				
Exam/Treatment Goals Physical Activity Rx-30-60mn 5x Weekly Nutrition Plan				
TARGET A1C				
Eye Exam	Consider retinal screening every 1, 2, 3 years (circle appropriately) date of referral_____			

Diabetes Flow Sheet

Reviewed by the New Brunswick Diabetes Task Group, Sept. 27, 2013

Check http://www.gnb.ca/0053/phc/diabetes-e.asp for updates or copies

12-2013/9215