Diabetes Post-Intervention Chart Audit

Patient # _____

1. Have you tested this patient's A1c in the last six months?
    [ ] yes
    [ ] no

2. Was his/her last A1c value <7.0%?
    [ ] yes
    [ ] no

3. Was his/her last systolic blood pressure <140 mm Hg?
    [ ] yes
    [ ] no

4. Was his/her last diastolic blood pressure <90 mm Hg?
    [ ] yes
    [ ] no

5. Have you tested this patient's urine microalbumin in the last year?
    [ ] yes
    [ ] no

6. Was his/her albumin excretion < 30mg/24h?
    [ ] yes
    [ ] no

7. If the albumin excretion was >30mg/24h, is this patient on an ACE or an ARB?
    [ ] yes
    [ ] no
    [ ] albumin excretion was not > 30mg/24h

8. Does this patient smoke?
    [ ] yes
    [ ] no

9. Has this patient been counseled to quit?
    [ ] yes
    [ ] no
    [ ] patient does not smoke

10. Has this patient ever received some form of diabetes self-management support in the last year? This includes, but is not limited to, diabetes education, medication use counseling, a patient-held mini record, shared decision making tools, any goal setting and progress tracking process, or group visits.
[ ] yes
[ ] no
[ ] I have no way to track this data in my medical record.