Diabetes Pre-Intervention Chart Audit

Patient # \_\_\_\_\_\_\_\_\_\_\_\_

1. Have you tested this patient's A1c in the last six months?

 [ ] yes

 [ ] no

1. Was his/her last A1c value <7.0%?

[ ] yes

[ ] no

1. Was his/her last systolic blood pressure <140 mm Hg?

[ ] yes

[ ] no

1. Was his/her last diastolic blood pressure <90 mm Hg?

[ ] yes

[ ] no

1. Have you tested this patient’s urine microalbumin in the last year?

 [ ] yes

 [ ] no

1. Was his/her albumin excretion < 30mg/24h?

 [ ] yes

 [ ] no

1. If the albumin excretion was >30mg/24h, is this patient on an ACE or an ARB?

 [ ] yes

 [ ] no

 [ ] albumin excretion was not > 30mg/24h

1. Does this patient smoke?

 [ ] yes

 [ ] no

1. Has this patient been counseled to quit?

 [ ] yes

 [ ] no

 [ ] patient does not smoke

1. 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.