

Chinatown Public Health Center DM Care Data Collection Sheet

HW/MEA: To put in the front of the chart of charts with sticker states “DM”.

Pt Label: _____

1) BP: _____ 2) WT: _____

3) Foot EXAM: _____ (provider please indicated “done”and date)

4) Eye screen: yes/no; Date: _____

5) Microalbuminurina result: _____, Date: _____

6) LDL: _____, Date: _____, Statin: Yes/No (pls circle)

7) Self management goal documented: _____

Kim: please return this form to Jessica for Data entry.

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