

OUTPATIENT PROGRESS NOTE

NAME _____

DOB _____

MRN _____

PCP _____

Patient ID / Addressograph _____

DIABETES GROUP MEDICAL VISIT
IDEALL Health Project **Page 1 of 2**

Date: _____ Time: _____ Site: FHC GMC Session # _____ Group # _____

Primary Provider: _____ Health Educator: _____

Last Action Plan: Achieved goal? Yes Partially No Comment: _____

Action Report: _____

New Action Plan: _____ Confidence Score (1-10): _____

New Problems: _____

Current Psychological Stressors: _____

PAIN: NO ____ YES ____ (if yes, continue)		
Location	Scale (1-10)	Pattern (I/C)
I = intermittent C= constant		

Exam: Wt. _____ Ht. _____ BMI _____ BP _____ P _____ T _____ RBS* _____



Foot Exam: _____ Date (if foot exam completed elsewhere): _____

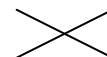
Last Retinal Exam: _____ Date: _____

Recent Labs:

	Value	Date
HGB A _{1c}	_____	_____
HCT	_____	_____
Urine microalb	_____	_____
Creatinine	_____	_____

	Value	Date
Total chol.	_____	_____
LDL	_____	_____
HDL	_____	_____
Trig.	_____	_____
LFTs	_____	_____

Pneumovax UTD: Yes No



Continue on next page.

*RBS = random blood sugar

