



Section 1. Patient Demographics

Medical Record No. [] [] [] [] [] [] [] [] [] [] Centre ID [] [] [] Site Staff Identifier [] [] [] []

1.1 Date of birth [] [] / [] [] / [] [] [] [] 1.2 Sex Male Female *if FEMALE* → 1.2.1 Currently pregnant No Yes

1.3 Date of visit [] [] / [] [] / 2 0 1 5 1.4 Initial visit No Yes 1.5 Aboriginal/Torres Strait Islander No Yes

1.6 Country of birth [] [] [] [] [] [] [] [] [] [] 1.7 NDSS member No Yes

1.8 DVA patient No Yes

Section 2. Diabetes Type & Management

2.1 Date of diagnosis [] [] / [] [] [] [] 2.2 Type of diabetes Type 1 Type 2 GDM Don't know Other

2.3 Management method Diet only Acarbose GLP1 Agonist Sulphonylurea Insulin *if INSULIN* → 2.3.1 Number of years [] []

Glitazone Metformin DPP4 Inhibitor SGLT2 Nil 2.3.2 Mode Basil MDI Pump

Section 3. Height, Weight & Smoking Status

3.1 Weight [] [] [] . [] Kg

3.2 Height [] . [] [] m

3.3 Smoking status Current Past Never

Section 5. Diabetic Eye Disease - last 12 months

	No	Yes
5.1 Attended optometrist	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Referred to ophthalmologist	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Attended ophthalmologist	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Fundus examination	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Laser treatment	<input type="checkbox"/>	<input type="checkbox"/>
5.7 Right cataract	<input type="checkbox"/>	<input type="checkbox"/>
5.8 Left cataract	<input type="checkbox"/>	<input type="checkbox"/>

Section 7. Medications & Lipids (most recent results from the last 12 months)

	No	Yes	Contraindicated
7.1 Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 Other anti-platelets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Anti-coagulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4 Lipid lowering Rx	<input type="checkbox"/>	<input type="checkbox"/>	
<i>if YES</i> → 7.4.1 Statin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4.2 Fibrate	<input type="checkbox"/>	<input type="checkbox"/>	
7.4.3 Ezetrol	<input type="checkbox"/>	<input type="checkbox"/>	
7.4.4 Fish oil	<input type="checkbox"/>	<input type="checkbox"/>	
7.5 Lipids measured	<input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	

if YES → Not available

OR

Complete below:

7.5.1 Cholesterol [] [] . [] mmol/L

7.5.2 LDL [] . [] [] mmol/L

7.5.3 HDL [] . [] [] mmol/L

7.5.4 Triglycerides [] [] . [] mmol/L

7.5.5 Were the above fasting lipids? No Yes

Section 4. Blood Pressure

4.1 Blood pressure (most recent, measured after 5 mins sitting) [] [] [] / [] [] [] mmHg

4.2 Anti-hypertensive treatment No Yes
if YES → 4.2.1 Select from below:
 ACE Inhibitor A2 Antagonist Beta Blocker
 Calcium Antagonist Thiazides Other

Section 6. Diabetic Foot Problems

	No	Yes
6.1 Seen by podiatrist in the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
6.2 Peripheral neuropathy	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Past History of ulceration	<input type="checkbox"/>	<input type="checkbox"/>
6.4 Foot deformity	<input type="checkbox"/>	<input type="checkbox"/>
6.5 Peripheral vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
6.6 Current foot ulcer	<input type="checkbox"/>	<input type="checkbox"/>

Section 8. Complications/Events/Comorbidities

	Last 12 months		Previous	
	No	Yes	No	Yes
8.1 Cerebral stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Myocardial infarction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3 CABG/Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4 Congestive cardiac failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5 Lower limb amputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6 End stage kidney disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7 Blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.8 Severe hypoglycaemia	<input type="checkbox"/>	<input type="checkbox"/>	NA	
8.9 Erectile dysfunction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.10 Dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.11 Malignancy (exclude non-melanotic skin cancers)	<input type="checkbox"/>	Metastatic solid tumour <input type="checkbox"/> Non-metastatic solid tumour <input type="checkbox"/> Not Applicable <input type="checkbox"/>	<input type="checkbox"/>	Leukaemia <input type="checkbox"/> Lymphoma <input type="checkbox"/>
8.12 Liver disease	<input type="checkbox"/>	Mild <input type="checkbox"/> Moderate/Severe <input type="checkbox"/> Not Applicable <input type="checkbox"/>		

Section 9. Renal Function & Blood Glucose Control

9.1 Microalbumin/Proteinuria collected No Yes

if YES → 9.1.1 Result [] [] [] . []

9.1.2 Units mg/L μg/min mg/24 hr ratio

9.2 Serum creatinine [] [] [] μmol/L

9.3.1 HbA1c Result [] [] . [] % **OR** 9.3.2 [] [] [] mmol/mol

(most recent in last 12 months)