

Assessment of Previous Metabolic Data			
	Previous	Latest	Management Prompt
HbA1c	07/02/2001 7.7	25/02/2002 7.7	Current relevant Rx : Metformin. Add Gliclazide 80mg once daily, then 80mg twice daily, then 160mg twice daily
Cholesterol HDL-cholesterol Triglyceride LDL-cholesterol	07/02/2001 4.5 2.0	25/02/2002 5.7 1.31 3.4 2.85	Current relevant Rx : Simvastatin. Increase statin to full dose and consider referral to a diabetes or lipid clinic.
S.creatinine	25/02/2002 80	05/05/2002 76	
U.albumin U.alb/creat.ratio	25/02/2002 3.4	26/03/2002 1.2	
Blood/Urine tests to be taken this review :			
HbA1c: <input checked="" type="checkbox"/> Lipids: <input checked="" type="checkbox"/> S.creatinine: <input checked="" type="checkbox"/> U.albumin/creat.ratio: <input checked="" type="checkbox"/> U.protein output: <input type="checkbox"/>			

Assessment of Previous Clinical Examinations			
	Previous	Latest	Management Prompt
BMI	02/08/2001 33.1	01/11/2001 33.1	Discuss diet with patient or consider referral to dietitian.
Systolic BP Diastolic BP	01/11/2001 150 80	06/02/2002 179 92	If confirmed BP>140/80 mm Hg & normoalbuminuria, treat BP to reach target of 140/80. Consider ACE inhibitor &/or beta blocker as first 2 drugs of choice depending on pt's characteristics. Add other drugs, according to pts individual factors: thiazides, beta blockers, ACE Is & calcium channel blockers all effective in lowering BP. Monitor renal function at outset, within 1 wk of starting treatment & after each dose change.
Eye exam. VA (Right) VA (Left)	13/12/2000 ret.camera 6/4 6/5	25/02/2002 ret.camera 6/5 6/6	
Feet exam.		13/12/2000 clinician	No foot exam recorded in last 14 months. Review all patients annually. Check pulses and sensation (monofilament to 10g level). For patients with no clinical evidence of neuropathy/PVD, provide general foot care education. Refer: "at risk feet" to Podiatry Clinic; absent pulses/signif.symptoms PVD to vascular surgeons; ulcers/infection URGENTLY to diabetologist or diabetic podiatrist; gangrene as EMERGENCY.
Diet assess.	02/02/2000 dietitian	06/02/2002 clinician	Patient is obese. Discuss diet with patient or consider referral to dietitian.
Smoking status	06/02/2002	25/02/2002	Ask about smoking status. If patient smoking, consider referral to local smoking cessation guidelines.
Chest pain			Ask patient if they have had any chest pain or new breathlessness. If yes, refer to local CHD guidelines if available.

Actions Taken This Clinical Review																			
Date	Height metres	Weight Kg	BMI	BP mm Hg	Qual. prot.	Hyper epis/yr	Hypos. sev./m	No.with warning	Fundoscopy	Visual acuity	Diet	Feet	DSN	educ					
									Self	Opt.	Cam.	Ophth.	Right	Left	Disc	Dietit.	Exam	Pod.	
SMOKING HISTORY			ALCOHOL (u/wk)		REFER TO:				Date of vaccination		CARDIOLOGY								
<input checked="" type="checkbox"/> Never <input type="checkbox"/> Stopped in ( )			Never <input type="checkbox"/> Current <input type="checkbox"/>		<input type="checkbox"/> Ophth <input type="checkbox"/> Card. <input type="checkbox"/> Vasc.Sg. <input type="checkbox"/> Renal <input type="checkbox"/> Pod.				Influenza <input type="checkbox"/> Pneumococ <input type="checkbox"/>		Has patient had chest pain? <input type="checkbox"/> Yes <input type="checkbox"/> No								
Blood/Urine tests taken this review :																			
HbA1c: <input type="checkbox"/> Lipids: <input type="checkbox"/> S.creatinine: <input type="checkbox"/> U.albumin/creat.ratio: <input type="checkbox"/> U.protein output: <input type="checkbox"/>																			

Treatment Changes
The register currently has no medication data for this patient - please complete on the attached sheet. NB Consider aspirin. Aspirin (75mg/day) should be given routinely and continued for life in patients with diabetes and CHD (unless there are contraindications).