# Annual Diabetes Cycle of Care - Example Template

|  |  |
| --- | --- |
| **GENERAL PRACTITIONER DETAILS:** | **PATIENT DETAILS:** |
| Name: Address: Provider Number:Prescriber No: Phone: Fax: Email:  | Name: Address: Home Phone: Work Phone: Mobile Phone: Aboriginal and/or Torres Strait Islander Medicare No: DVA No:  |

**Observations:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| BP | Pulse | Height | Weight | BMI | Waist | BSL  |
|  |  |  |  |  |  |  |

**Investigations:**

|  |  |  |
| --- | --- | --- |
| **Test** | **Result** | **Date** |
| HbA1c |  |  |
| Total Cholesterol |  |  |
| HDL |  |  |
| LDL |  |  |
| Triglycerides |  |  |
| Creatine |  |  |
| eGFR |  |  |
| Microalbuminuria  |  |  |
| Urine ACR |  |  |

**SNAP Data (Smoking, Nutrition, Alcohol, Physical Activity):**

|  |  |
| --- | --- |
| Smoking Status |  |
| Alcohol Intake |  |
| Nutrition |  |
| Physical Activity |  |

**Last visit to:**

|  |  |  |  |
| --- | --- | --- | --- |
| Endocrinologist: |  | Dietitian: |  |
| Ophthalmologist: |  | Diabetes Educator: |  |
| Podiatrist: |  | Optometrist:  |  |

**Absolute Cardiovascular Risk:**

|  |  |
| --- | --- |
| Date of score:  | Score:  |



**Eye Examination:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No Retinopathy | Mild non-proliferative retinopathy | Moderate non-proliferative retinopathy | Severe non-proliferative retinopathy | Maculopathy or Macular Degeneration  |
| Left Eye |  |  |  |  |  |
| Right Eye |  |  |  |  |  |

**Foot Examination:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Deformity | Ulcers | Neuropathy | Pulse |
| Left Foot |  |  |  |  |
| Right Foot |  |  |  |  |

**Current Treatment/Medications:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Diabetes  | Blood Pressure | Cholesterol  |
| Treatment | 🞎 Insulin🞎 Metformin🞎 DPP4i🞎 SGLT2i🞎 SU🞎 GLP-1 analogue 🞎 Other | 🞎 ACE Inhibitor 🞎 ARB🞎 Other  | 🞎 Statin🞎 Fibrate 🞎 Ezetimibe 🞎 Other |

|  |  |
| --- | --- |
| Medication Review: Yes/No | Date:  |
| GPMP/TCA: Yes/No | Date: |

**History:**

|  |  |  |
| --- | --- | --- |
| Year Diagnosed  | Other Diabetes Related Complications | Hospital Presentations |
| Date:  | 🞎Peripheral Vascular Disease🞎 Cardiovascular Disease 🞎 Peripheral Neuropathy 🞎 Cerebrovascular Disease🞎 Chronic Kidney Disease🞎 Major Amputation (e.g. foot)🞎 Minor Amputation (e.g. toe) 🞎 Other  | 🞎 Low Blood Sugar 🞎 Hight Blood Sugar🞎 Other |

**Patient Education:**

|  |  |
| --- | --- |
| Self-Care Education Given: Yes/NoDetails: *e.g., Managing/identifying a hypo/hyper event, driving with Diabetes, taking insulin, any resources given?*  | Date:  |

*Disclaimer: This template has been developed using the current minimum requirements for an Annual Cycle of Care according to the MBS as of April 2021. This template can be used as a guide and can be adjusted accordingly.*