# 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/No  Details: *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.*