

GP MANAGEMENT PLAN REVIEW

ITEM: 725

NAME		D.O.B.		TYPE OF DIABETES		GP
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HEIGHT = cm

Date	Wt	Waist	BMI	BP	BSL Fasting	HbA1C	Total CHOL	TRIG	HDL	LDL	Urine Microalb/Cre	Medication

SMOKING STATUS	NEVER	No per day	Ex Smoker	Stopping
DIET: RBS= URINALYSIS =	Date	DIET: RBS= URINALYSIS=	Date	DIET: RBS= URINALYSIS=
PHYSICAL ACTIVITY: DIET & ALCOHOL -				

FOOT EXAMINATION							EYE EXAMINATION										
Date	R		L		R		L		Date	R		L		R		L	
FOOT PULSES	R	L	R	L	R	L			RETINAL EXAMINATION	R	L	R	L	R	L		
FOOT SENSATION	R	L	R	L	R	L			VISUAL ACUITY	R	L	R	L	R	L		
FOOT LESION	R	L	R	L	R	L			SPECIALIST SEEN								
COMMENTS									COMMENTS								

GP/NURSE COMMENTS
