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**Great Expectations® for diabetes control**

This flow sheet is based on the American Diabetes Association's "Standards of Medical Care for Patients with Diabetes Mellitus" and BlueChoice HealthPlan's Clinical Practice Guidelines.

Please call Beth Parris, RD CDE at 800-327-3183, ext 25450 if you have questions about this form or need to order more.

Examination/Test	Date: (mm/dd/yy)	Visit Values							
<b>Hemoglobin A1c (HbA1c)</b> Goal: < 7.0%	2 X / yr: controlled 4 X /yr: uncontrolled								
<b>Lipid Profile</b> Goal: <100mg/dl LDL >40mg/dl HDL <150mg/dl Triglycerides	Annually if controlled								
<b>Microalbuminuria Test</b>	Annually								
<b>Dilated Fundoscopic Eye Exam by an ophthalmologist or optometrist</b>	Annually								
<b>Peripheral vascular and neurological assessment including foot exam</b>	Annually								
<b>Evaluation and instruction related to lifestyle factors: diet, exercise, smoking cessation</b>	Annually								
<b>Influenza Vaccine</b>	Annually								

**Additional Recommendations**

Appropriate diagnosis of hypertension with aggressive treatment to reduce blood pressure to **<130/80**.

Initiate aspirin therapy for patients with evidence of large vessel disease or as a primary prevention strategy in high risk patients.

Consider a referral to an endocrinologist for unsatisfactory response to standard therapy.

Consider a referral to a nephrologist if the patient's serum creatinine is **> 2.0 mg/dl**.

8/02