

SAMPLE DIABETES GROUP VISIT PROGRESS NOTE

S: ___ y/o ___ M F returns → ___ as requested; OR _____ late → for diabetes followup. See Summary of Care, Medication List, and Diabetic Plan of Care, all of which are reviewed with the pt today. History (in addition to the Group Visit Questionnaire): _____

O: Ht: ___" Wt: ___# Change ___# BMI: ___ BP: ___/___; ___ deg, P ___, R ___ MA Initials → ___
___ No distress OR → Distress as follows _____

Fundus exam ___ deferred OR _____ **Oral Lesions?** No OR _____

Neck: ___ Carotid pulses ___ +/4, no bruit, mass or tend OR → _____

Lungs ___ Clear or → Crackles Rhonchi Wheezes → (where) _____

Heart Rhythm? Reg OR _____ **Murmur?** None Or → Grade ___/VI → Murmur _____

Peripheral Pulses → Radial - R ___ +/4, L ___ +/4; *Pedal – DP → R ___ +/4, L ___ +/4; PT → R ___ +/4, L ___ +/4 Type/Location

Abd ___ No mass, organomegaly, or tenderness (in sitting position) OR → _____

Feet Exam – (* = **required** for Diabetic Foot Exam billing)

***Lesions?** No Yes → What/Where? _____

***Monofilament** _____ Deferred

Test Abnormal? No Yes → Where? _____ **Edema?** None OR → ___ +/4 Right Left

Other

Findings: _____

A: Diabetes Mellitus, Type → ___1 Uncontrolled; ___1 Controlled; ___2 Uncontrolled; ___2 Controlled
BP _____ Lipid Control ___ Good ___ Poor; Control ___ Good ___ Poor; also → _____

P: See Medication List for changes.

Topics discussed at today's visit: _____

Next Studies Due: ___ Call c results; ___ Discuss/RTO

Micro-A1c → ___/___; albuminuria → ___/___;

GFR → ___/___; FLP → ___/___;

Retinal Exam → ___/___; Return in ___ wks ___ mos. Sig: _____ Provider

Pt Name: _____ Pt DOB: ___/___/___ Visit Date: ___/___/___