

Patient Adherence Tracking Tool

Instructions: Record lab results on the charts provided below for routine and yearly examinations. During each visit, ask your patient the three questions featured below the "Every Visit" chart. Answers to these questions will help to track adherence to your recommendations.



Patient Name: _____

EVERY VISIT				
Date of Visit				
Weight				
BMI (goal: <25 kg/m ²)				
BP (goal: <130 mm Hg/<80 mm Hg)				
Fasting/random glucose				
Review plasma glucose records, ✓ when done				
Foot exam, ✓ when done				
A1C q 3–6 mos (target: <7%)				

YEARLY VISIT		
	Date	Value/Agent
Triglycerides (goal: <150 mg/dL)		
HDL-C (men: >40, women >50 mg/dL)		
LDL-C (<100 mg/dL)		
BUN/creatinine (normal 10–20:1)		
Microalbuminuria ratio (goal: <30 µg/g)		
Diabetic eye exam <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes education referral		
ASA therapy <input type="checkbox"/> Yes <input type="checkbox"/> No		
Flu vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pneumonia vaccine <input type="checkbox"/> Yes <input type="checkbox"/> No		
EKG (if >40 yrs and/or DM >10 yrs) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:		
Other:		

Assuring Adherence

Ask your patients these questions and record their responses at each visit.

1. Do you know your target A1C? If so, what is it?

Visit 1: Yes No Response: _____

Visit 2: Yes No Response: _____

Visit 3: Yes No Response: _____

Visit 4: Yes No Response: _____

2. Do you know your target blood pressure? If so, what is it?

Visit 1: Yes No Response: _____

Visit 2: Yes No Response: _____

Visit 3: Yes No Response: _____

Visit 4: Yes No Response: _____

3. Do you know what your ideal weight should be? If so, what is it?

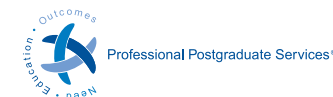
Visit 1: Yes No Response: _____

Visit 2: Yes No Response: _____

Visit 3: Yes No Response: _____

Visit 4: Yes No Response: _____

Notes: _____



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