

CYBERTOWN FAMILY HEALTH CENTER / USA
Adult Type 2 Diabetes Quality Care Chart Audit

Patient Initial: _____ Age: _____ Sex: _____

Date: _____ Reviewer Name: _____

American Diabetes Association Standard	Chart Review Data		
1. The patient has an A1C ordered within the last 6 months or earlier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. The last A1C <7%?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Last A1C Value: _____
3. The last blood pressure taken was at target goal <130/<80?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. The last LDL was a target goal <100 mg/dL?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Last LDL Value: _____
5. The patient has had an annual comprehensive foot exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. The patient has had an annual dilated eye exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. The patient has had an annual urine microalbumin or albumin-to-creatinine ratio test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A