

McLAREN MEDICAL GROUP  
**CHRONIC DISEASE MANAGEMENT FLOWSHEET**

<b>EACH VISIT</b>	<b>(Date)</b>									
Height										
Weight										
BMI										
Blood Pressure										
Lifestyle Changes :										
a) Diet										
b) Exercise										
Smoking Status :										
a) Education										
b) RX										

<b>ANNUAL TESTING</b>	<b>(Date)</b>									
Total Cholesterol										
HDL										
LDL										
Triglycerides										
CBC										
UA										
Electrolytes										
BUN										
Creatinine										
Magnesium										
Glucose										

<b>MISCELLANEOUS</b>	<b>(Date)</b>									
Influenza Vaccine										
Pneumonia Vaccine										
Tetanus										

<b>DIABETES</b>	<b>(Date)</b>									
Education : Diet, Exercise, Foot Self Exam, Etc.										
Review Daily Blood Glucose Records										
HgA1C										
Microalbumin										
Foot Exam										
Monofilament Exam										
Dilated Eye Exam										
Endocrinologist Referral										

PATIENT  
NAME:  
  
DATE OF  
BIRTH:

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CARDIAC HISTORY	Yes	Date	No	Comorbid Disease:	
				Yes	No
Angina					
Previous MI					
Stent					
Bypass					
Angioplasty					
				Sedentary Lifestyle	
				Diabetes	
				Hypertension	
				Hyperlipidemia	

CAD	(Date)	CAD Education:	
		Yes	No
a.) Low Saturated Fat Diet			
b.) Exercise			
c.) Salt Restriction			
d.) Monitoring Home BP			
e.) Omega 3/Fish Oil			
f.) Aspirin (if appropriate)			
Imaging Studies			
Cardiologist Referral			

MEDICATIONS	(Date)	B-Blockers	
		Yes	No
ACE/ARB			
Antithrombin			
Antilipemic			

CHF	(Date)	CHF Education:	
		Yes	No
a.) Daily Weights			
b.) Salt Restriction			
c.) Fluid Restriction			
Echocardiogram/Ejection Fraction			
Cardiologist Referral			

MEDICATIONS	(Date)	B-Blockers	
		Yes	No
ACE/ARB			
Diuretic			

PATIENT NAME:  
DATE OF BIRTH: