

Resident Self Evaluation – Diabetes

Name of Resident:

PGY Level:

Please answer yes or no depending on your compliance.

*Patients at increased risk need more frequent foot examinations.

Name of Patient		Yes	No
Lifestyle	WT/BMI q visit Diet q visit Exercise q visit		
Glycemic Control	Home Glucose Monitoring q visit HbA1c q 3-6 months		
Cardiovascular Risk Assessment	BP q visit EKG Smoking q visit ASA Fasting Lipids (annual)		
Nephropathy Testing	Urine Microalbumin (annual)		
Eye	(annual)		
Foot Exam*	(annual)		
Pneumovax			
Flu Shot	(annual)		