

Diabetes Complications Summary

NAME:	Sally Diabetic	ID #:	9685740
DOB:	01/21/1947	ETHNICITY:	African American
GROUP:	Marketing Examples	GENDER:	Female
PHYSICIAN:	Dr. Doctor	RECORD DATE:	10/25/2007



Risk of Onset for Diabetes Complications - 10/25/2007

Risk	5-Year Risk		10-Year Risk		
	CHD	Stroke	Blindness	Amputation	End-Stage Renal Disease
Current risk of onset	21%	8.2%	6.3%	9.7%	6.7%
Target risk	3.7%	1.1%	1.8%	3.7%	0.73%
% of risk that is modifiable	82%	87%	71%	62%	89%

RISK FACTOR	RANGE	CURRENT
HbA1c	<7%	9
LDL Cholesterol	<100 mg/dL	162
HDL Cholesterol	>40 mg/dL	38
Triglycerides	<150 mg/dL	150
Blood Pressure Systolic	<130 mmHg	125
Blood Pressure Diastolic	<80 mmHg	84
Weight		230
Diabetes Status		Type 2
Years Since Diagnosed		15
Coronary Heart Disease (CHD) Status		No
Stroke Status		No
Other Cardiovascular Disease		No
Nephropathy Stage		None
Retinopathy Stage		Nonproliferative (1)
Macular Edema		None
Neuropathy Stage		Subclinical
Insulin Usage		Yes
Glucose Control (other than insulin)		No
Medication for lowering blood pressure		Yes
Medication for lowering cholesterol		No
Aspirin Usage		Yes
Eye Screening		No
Family History of CHD		Yes
Family History of Stroke		No
Exercise Level		Low
Current Smoker		Yes

Clinical Measures	Patient Value	ADA Suggested Treatment*
HbA1c	9	<ul style="list-style-type: none"> Patient does not meet the glycemic control goal. Increase the intensity of glycemic control through diet, oral agent or insulin. Perform HbA1c within 3 months. Glycemic control plan should include self-monitoring of blood glucose, medical nutrition therapy and regular physical activity. A less stringent treatment goal may be appropriate for patients with a history of severe hypoglycemia, patients with limited life expectancies and individuals with comorbid conditions.
Yearly Eye Exam	No	<ul style="list-style-type: none"> Schedule dilated retinal eye exam or funduscopic photograph by ophthalmologist at least once a year.
Routine Foot Exam		<ul style="list-style-type: none"> Perform foot examinations (unless patient has bilateral foot amputation), visual inspection, sensory exam with monofilament and pulse exam.
Aspirin Usage	Yes	<ul style="list-style-type: none"> Recommend aspirin therapy (75-163 mg/day).
Smoking Status	Yes	<ul style="list-style-type: none"> Initiate smoking cessation counseling or pharmacologic action.
Nephropathy Stage	None	