

Checklist

A1C/eAG

Date: _____

Test Result: _____

Ankle-Brachial Index

Date: _____

Test Result: _____

Blood Pressure

Date: _____

Test Result: _____

Body Mass Index

Date: _____

Test Result: _____

Cholesterol

Date: _____

Total Cholesterol: _____

LDL: _____

HDL: _____

Triglycerides: _____

Dilated Eye Exam

Date: _____

Test Result: _____

Foot Evaluation

Date: _____

Test Result: _____

**Serum Creatinine/
eGFR**

Date: _____

Test Result: _____

Urine Albumin-to-Creatinine Ratio

Date: _____

Test Result: _____