



American Osteopathic Association  
**Clinical Assessment Program for Residencies  
 (CAP-R)**



## ~DATA DICTIONARY~

<b>Measurement Set (Title)</b>	<b>DIABETES MELLITUS</b>
<b>Study Period</b>	<b>Defined by Residency Program</b>
<b>Dictionary Revision Date</b>	<b>October 10, 2007</b>

### PREFACE

The AOA Clinical Assessment Program for Residencies (CAP-R) provides opportunities to analyze and compare clinical performance regarding processes and outcomes of care. Each clinical entity is associated with a **Performance Measurement Set** or **module** (e.g., Diabetes, coronary artery disease, women’s health issues, etc.).

**COMPONENTS OF MEASUREMENT SET MODULE(S):** Each Performance Measurement Set is closely aligned to the **Data Dictionary** that provides specific detail about each data element you will be requested to abstract from each medical record; **Institutional Research Board (IRB)** materials that provides information to assist you to petition your institution’s research committee to participate in the CAP; a **Pharmaceutical Index** that lists most brand and generic drugs that may be relevant when abstracting requested data; a **Sampling** procedure that provides specifications regarding how to determine and report appropriate samples of medical records should your patient volume be large; and a hard copy of the **Data Abstraction Tool** (i.e., the electronic abstraction form) where you record and transmit your data to the AOA; This document contains the data dictionary, sampling and case selection criteria, abstraction tool and relevant pharmaceutical index.

This material is carefully coordinated to provide your residency program with your **Performance Measurement Report**. The Report contains valid, accurate and actionable information that can enhance your teaching program and improve your patient’s outcomes of care. To maintain the important high standards established by the CAP, please adhere strictly to the information provided.

**DATA DICTIONARY:** This Data Dictionary contains specific information and direction for abstractors that includes:

- Parameters for selecting medical records for abstraction
  - Diagnostic Codes
  - Diagnostic Criteria
  - Inclusion and Exclusion Criteria
  - Definition of the Study Period
- Data Elements for Abstraction
  - Program-related information
  - Patient-related demographic information
  - Patient-related clinical indicators

### PARAMETERS TO SELECT RECORDS FOR ABSTRACTION

**DIAGNOSTIC CODES (ICD – 9):**

250.00 to 201.03	250.10 to 250.13	250.22 to 250.23	250.30 to 250.33	250.40 to 250.43
250.50 to 250.53	250.60 to 250.63	250.70 to 250.73	250.80 to 250.83	250.90 to 250.93
640.00 to 684.04	362.01 to 362.06	366.41	250 to 357.2	

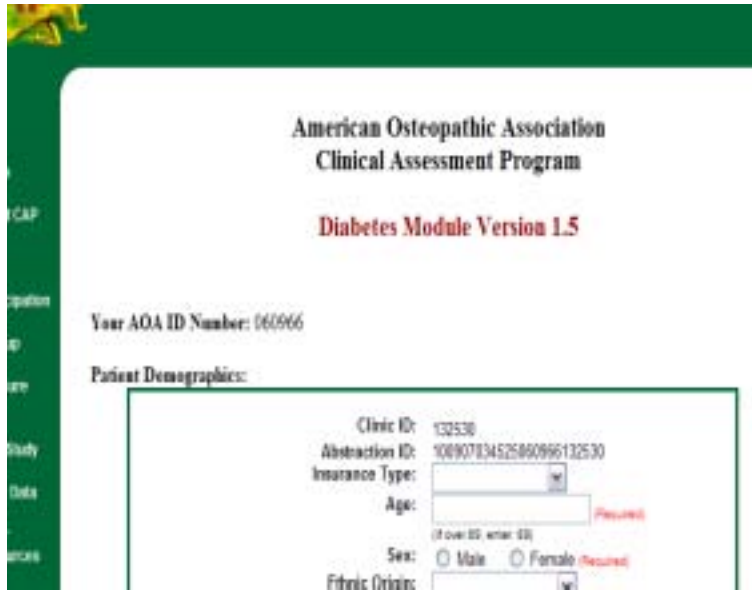
**DIAGNOSTIC STUDY (INCLUSION) CRITERIA:** This Performance Measurement Set includes medical records of Patients that meet the following criteria:

Diagnostic Codes (ICD-9)	Table Immediately Above
Diagnostic Terms	type 1 or type 2 Diabetes mellitus
Age	≥ 14 years of age
Pharmaceuticals (Must be on one or more Rx's)	Patients treated only by diet not included in study. Must be treated by one or more medications recognized for treatment of Diabetes (See table near end of this document)
Office/clinic visits	Minimum of two (2) visits during study year or prior year.
Gender (sex)	All genders included
Study period	Self-defined by Program (365 consecutive days)
Sampling	Recommended minimum cases = 37. For comparison of performance, sample size = 72 cases. If your program has less than this volume of cases, abstract all cases. Information regarding sampling techniques is outlined at the end of document.

## DATA ELEMENTS FOR ENTRY, IDENTIFICATION & ABSTRACTION

**PROPER ENTRY INTO AOA CAP-R SYSTEM:** Most individuals responsible to abstract data from multiple medical records will elect to abstract and record the data onto **Hard** (paper) **Copy** of the **Abstraction Tool** and later enter that data onto the Web-based **Electronic Abstraction Tool** prior to transmission to the AOA.

**ELECTRONIC ABSTRACTION TOOL:** Regardless of which method the abstractor selects, the Electronic Abstraction Tool features two additional entries (required identifiers) not appearing on the Hard-copy Abstraction Tool (Displayed at the end of this Data Dictionary). These distinctions are described here



and appear in the illustration on the left. *They are not found on the Hard-copy Abstraction Tool.* Thereafter, data entry follows the same flow as data recorded in the Hard-copy Abstraction Tool.

- **Clinic ID:** You will be requested to enter here your six-digit numeric AOA Identifier number specifically assigned to your individual residency program. Be sure your entry number accurately reflects the specific residency program you wish to report.

The next screen ...

- **Select a Measurement Set:** Here, you will select Diabetes. The next screen...
- Will appear as shown on the left. The Abstraction ID Number will appear as on the

screen and will be assigned automatically by the AOA (see Abstraction ID next).

- **Abstraction ID:** This is a unique number automatically assigned by the AOA to identify each individual medical record you submit. This number, provided by the CAP-R program WEB SITE, allows you to directly link the abstracted information to each (your) medical record abstracted. *If your program intends to retrospectively review the cases submitted to the CAP-R keep a record of the assigned Abstraction ID and your unique medical record identifier in order to subsequently link the abstracted cases to the medical record.*

**THE HARD-COPY DATA ENTRY TOOL:** If you choose to abstract data onto hard-copy first it is available at the end of this document. Note that the Hard-copy Data Entry Tool is designed with two columns and should be approached from top to bottom (i.e., column one and then column two). The indicator

descriptions that appear below in this Data Dictionary are arranged to be in sequence with the order they appear on the Hard-copy and Electronic Abstraction Tool.

**Insurance type (Numeric – Dropdown Box)**

- Please select and enter the single most representative response from the dropdown list options.

<b>Insurance type options:</b> 1. Medicare 2. Medicaid 3. Commercial 4. Self Pay 5. Other/Unknown
--

**Patient's age (Numeric)**

- Enter the patient's age (in Years) at the time the Study Period ends. (Note: age is >89 Yrs, enter the number 89).

**Sex/Gender (Select Identifier)**

- Indicate the patient's gender (sex) by entering the appropriate options (letter) below.

<b>Gender options:</b> (M) Male (F) Female
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**Ethnic Origin (Race) (Numeric)**

- Indicate the patient's ethnic origin by entering the corresponding number best representing ethnic origin:

1. African American 2. Caucasian 3. Hispanic 4. Other/Unknown
--

**Number of Office Visits (Numeric)**

- Enter the number of visits the patient has had (for any reason) during the Study Period.

**Number Missed Office Visits (Numeric)**

- Enter the number of appointments or recommended visits the patient has missed during the Study Period.

**Education about Weight Control (Checked Box = Yes)**

- Check box if there is evidence in the medical record that the patient was instructed regarding weight control (exercise and diet).

**Type of Diabetic Control (Numeric)**

Indicate the patient's type of treatment by entering the corresponding number representing the treatment type.

1. Insulin 2. Oral hypoglycemic agents 3. Insulin AND Oral agents
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**Age at Diagnosis (Numeric)**

- Enter a two digit number representing the age at which Diabetes was diagnosed.

**HTN - Hypertension Diagnosis (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that the patient was treated for **hypertension** during the Study Period

Patient is considered to be hypertensive if the patient had a diagnosis of hypertension during the study period or was being treated with anti-hypertensive medications during the Study Period.. The following statements are examples of terms that can be used to confirm the diagnosis of hypertension:

- HTN
- High Blood Pressure
- Elevated Blood Pressure (BP)
- Borderline HTN
- History of HTN

**BMI - Body Mass Index (Numeric Value)**

- Enter the number that represents the last recorded BMI during the Study Period (May record decimal points)

**Foot Examination (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that the patient received a **'thorough foot examination'** during the Study Period. (See Criteria below).

**Criteria for THOROUGH foot examination.**

**All four** of the following components **must be documented** in the record to qualify as a thorough foot examination

- Assessment of protective sensation
- Foot structure and biomechanics
- Vascular status, AND,
- Skin integrity

**HgbA1c Test Done (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that a HgbA1c test was performed during the Study Period.

**HgbA1c Value (Percentage Value)**

- Enter the value (including decimals) of the most recent HgbA1c level reported during the Study Period. If reported in values other than percentage, use the following conversion formula to calculate the value to enter)

$$\text{HgbA1c (in \%)} = \text{glycohemoglobin} * 0.685 + 1.2$$

**Dilated Eye Exam Recommended (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that a dilated retinal examination was recommended to the patient during the Study Period.

**Dilated Eye Exam Done (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that a comprehensive retinal examination was performed during the Study Period (See criteria below).

**Criteria for acceptable, comprehensive retinal examination**

...Must include **ALL** of the following:

- Performed by an ophthalmologist or optometrist
- Includes a visual examination
- Includes a dilated retinal examination

**Normal Eye Examination in Prior Two Years (Checked Box = Yes)**

- Check the box if there is evidences in the medical record that the patient received a retinal examination that was normal (no evidence of retinopathy) during the Study Period or in the Year prior to the Study Period.

**Albuminuria Screen Done (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that the patient received an acceptable Albuminuria Screen (see criteria below) during the Study Period. Count urinalysis as “acceptable” (check for microalbuminuria) if positive for protein, if urinalysis is negative only check “yes” if any one of the tests listed below were done.

Acceptable Albuminuria Screens
<ul style="list-style-type: none"><li>• 24-hour urine for microalbuminuria</li><li>• Timed urine for microalbuminuria</li><li>• Spot urine for microalbuminuria</li><li>• Microalbuminuria/creatinine ratio</li></ul>

**Albuminuria Present (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that albuminuria was present according to the above criteria.

**Nephropathy is Present (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that nephropathy was found to be present during the Study Period.

Criteria for Nephropathy is Diagnosis
If one or more of the following conditions are recorded in the medical record
<ul style="list-style-type: none"><li>• Diabetic Nephropathy</li></ul>
<ul style="list-style-type: none"><li>• End stage renal disease</li><li>• Chronic renal disease</li><li>• On Dialysis</li><li>• Nephrology Consult or Evaluation</li><li>• Acute renal failure</li></ul>

**LDL Evaluation (Low Density Lipid) Test Done (Checked Box = Yes)**

- Check box if there is evidence in the medical record that an LDL test was done during the Study Period.

**LDL Level - Lab Value (Numeric)**

- Enter the lab value of the last LDL test recorded during the Study Period or one year prior.

**Systolic Blood Pressure (Numeric)**

- Enter the systolic blood pressure value taken at the patient’s last visit in which a blood pressure was recorded during the Study Period.

<ul style="list-style-type: none"><li>• Do not include BPs taken during emergency visits or visits for a surgical procedure</li><li>• If blood pressures were taken in more than one position, then record the sitting BP. If more than one BP was taken, calculate and enter the average of all systolic blood pressures taken.</li></ul>
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**Diastolic Blood Pressure (Numeric)**

- Enter the diastolic blood pressure value taken at the patient’s last visit having a blood pressure recorded during the Study Period.

<ul style="list-style-type: none"><li>• Do not include BPs taken during emergency visits or visits for a surgical procedure</li><li>• If blood pressures were taken in more than one position, then record the sitting BP. If more than one BP was taken, calculate and enter the average of all diastolic blood pressures taken.</li></ul>
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**ACE Inhibitor / ARB Prescribed (Checked Box = Yes)**

- Check box if there is evidence in the medical record that the patient was receiving an ACE Inhibitor or ARB at the end of the Study Period. See *Pharmaceutical Index* for partial list of ACEI and ARB drugs near end of this Data Dictionary.

**ACEI or ARB Allergy or Intolerance (Checked Box = Yes)**

- Check box if there is evidence in the medical record that the patient did not receive ACEI or ARB because of an allergy, intolerance or contraindication.

Contraindications to ACE Inhibitors or ARBs include allergy to the drug, moderate or severe aortic stenosis, and others. Please refer to medical literature regarding exclusions.

**Smoking History (Checked Box = Yes)**

- Check box if there is a history that patient smoked cigarettes at any time during the Study year or one year prior.

**Smoking Counseling (Checked Box = Yes)**

- Check box if there is documentation in the medical record that the patient has received counseling or advice about smoking cessation during the Study Period.

**Influenza Vaccination Done (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that the patient has received the Influenza immunization during the Study Period.

**Pneumococcal Vaccination Done (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that the patient has received the Pneumococcal vaccination at any time during the Study Period or up to four years prior.

**Osteopathic Structural Examination Done (Checked Box = Yes)**

- Check the box if there is evidence in the medical record that a **complete** osteopathic structural examination was done.

**Criteria for complete osteopathic structural examination**  
must include **ALL** of the following three components:

- Evaluation of tissue texture
- Evaluation of range of motion or restrictions thereof.
- Evaluation of AP and lateral curvature of the spine.

**Glomerular Filtration Rate (Numeric)**

- Enter the calculated GFR using the following MDRD equation.

<http://www.medcalc.com/gfr.html>  
[http://www.kidney.org/kls/patients/gfr\\_calculator.cfm](http://www.kidney.org/kls/patients/gfr_calculator.cfm)

**Treatment Plan for Diabetes (Drop-down Numeric)**

- Select from the drop down box treatment options regarding glycemic control documented at the patient's last visit. Leave blank if no actions documented or needed. If several elements of the treatment plan were documented in the medical record enter the option that is first of the following:
  - Add new medication
  - Increase dose
  - Encourage diet and weight loss

**Treatment options for Diabetes**

1. Encouraged diet and weight loss,
  - Documentation that a conservative plan aimed at dietary control and exercise was discussed
2. Increase dose of existing hypoglycemic medication
  - Increasing of any medications to treat hyperglycemia,
3. Add new hypoglycemic medication,
  - Addition of a new medication to treat hyperglycemia
4. Value not available on last visit,
  - The HGBA1c entered in the abstraction was drawn on the last visit in the medical record and was not available to respond to during this visit (if the patient was called and recommendations were made select from the list)
5. Recheck value
  - Consideration that the HgBA1c was elevated for spurious reasons and the value will be rechecked  
If none of the above cover the treatment plan please enter in the comments section (i.e. DM care rendered by another physician, etc.)

**Treatment Plan for LDL (Drop-down Numeric)**

- Select from the drop down box treatment options regarding LDL control documented at the patient's last visit. Leave blank if no actions documented or needed. If several elements of the treatment plan were documented in the medical record enter the option that is first of the following:
  - Add new medication
  - Increase dose
  - Encourage diet and weight loss

<p><b>Treatment options for LDL</b></p> <p>1. Encouraged diet and weight loss,</p> <ul style="list-style-type: none"><li>○ Documentation that a conservative plan aimed at dietary control and exercise was discussed</li></ul> <p>2. Increase dose of existing lipid lowering agent</p> <ul style="list-style-type: none"><li>○ Increasing of any medications to treat hyperlipidemia</li></ul> <p>3. Add new hyperlipidemic medication,</p> <ul style="list-style-type: none"><li>○ Addition of a new medication to treat hyperlipidemia</li></ul> <p>4. Value not available on last visit,</p> <ul style="list-style-type: none"><li>○ The LDL entered in the abstraction was drawn on the last visit in the medical record and was not available to respond to during this visit (if the patient was called and recommendations were made select from the list)</li></ul> <p>5. Recheck value</p> <ul style="list-style-type: none"><li>○ Consideration that the LDL was elevated for spurious reasons and the value will be rechecked</li></ul> <p>If none of the above cover the treatment plan please enter in the comments section (i.e. DM care rendered by another physician)</p>
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**Refusal \ Reasons that Recommended Care was not provided (Checked Box = Yes)**

- Check the box if there were patient (refusal for social, economic, or other reasons), systems (no resources to perform test, insurance coverage related), or medical (absence of organ/limb) reasons any of the indicators of care described in this Data Dictionary

**Comments:**

- Enter any comments you have regarding the patient. Please limit commentary to 200 characters.



**STEPS TO SELECTING CHARTS**

**Step 1**

Identify the eligible population using ICD-9CM codes from the data dictionary, this is usually accomplished using a clinics billing system.

**Step 2**

Sample from the identified charts in Step 1 by the methods outlined below. After you have identified eligible charts from ICD-9CM codes, a sample of your charts may be taken if the number of identified charts is greater than the numbers displayed above. The easiest way to sample is to divide the number of identified charts by the sample size (number of charts identified by ICD-9/ sample size = n) and then select every n<sup>th</sup> chart on the generated list to be abstracted. When using recommended sampling quantities add 10 charts to the sample size to allow for cases that may be excluded, when you have abstracted the number of charts listed above stop.

## PHARMACEUTICALS USED TO TREAT DIABETES: *A Partial Listing*

<b>INSULIN</b>	<b>ORAL HYPOGLYCEMIC AGENTS</b>
<p>Rapid acting (onset less than 15 minutes)</p> <ul style="list-style-type: none"> <li>• Humalog® (insulin lispro)</li> <li>• Humalog® Cartridges</li> <li>• NovoLog® (insulin aspart)</li> <li>• Apidra™ (insulin glulisine)</li> </ul> <p>Short acting (onset 1/2-2 hours) Simulate This Insulin</p> <ul style="list-style-type: none"> <li>• Humulin® R (Regular)</li> <li>• Iletin II Regular™</li> <li>• Humulin® R Cartridges (1.5 ml)</li> <li>• Novolin® R (Regular)</li> <li>• Velosulin® Human (Regular) (Buffered)</li> </ul> <p>Intermediate acting (onset 2-4 hours)</p> <ul style="list-style-type: none"> <li>• Humulin® L (Lente)</li> <li>• Humulin® N (NPH)</li> <li>• Iletin II Lente®</li> <li>• Iletin II NPH™</li> <li>• Humulin® N Cartridges (1.5 ml)</li> <li>• Novolin® N (NPH)</li> </ul> <p>Long acting (onset 4-6 hours) Simulate This Insulin</p> <ul style="list-style-type: none"> <li>• Humulin® U (Ultralente)</li> <li>• Very long acting (24+ hours)</li> <li>• Lantus® (insulin glargine, formerly HOE901)</li> <li>• Levemir® (insulin detemir, formerly NN304)</li> </ul> <p>Mixtures</p> <ul style="list-style-type: none"> <li>• Humalog® Mix 75/25™ (75% Insulin Lispro Protamine Suspension and 25% Insulin Lispro Injection (rDNA Origin))</li> <li>• Humalog® Mix 75/25™ Pen (75% Insulin Lispro Protamine Suspension and 25% Insulin Lispro Injection (rDNA Origin))</li> <li>• Humulin® 50/50 (50% NPH, 50% Regular)</li> <li>• Humulin® 70/30 (70% NPH, 30% Regular)</li> <li>• Humulin® 70/30 Cartridges (1.5 ml)</li> </ul> <p>Novolin® 70/30 (70% NPH, 30% Regular)</p>	<p>Sulfonylureas</p> <ul style="list-style-type: none"> <li>• Dymelor (acetohexamide)</li> <li>• Diabinese (chlorpropamide)</li> <li>• Orinase, Orimide (tolbutamide)</li> <li>• Tolinase (tolazamide)</li> <li>• Amaryl (glimepiride, Aventis)</li> <li>• Diamicon (Gliclazide) (Not available in US, Available in Canada)</li> <li>• Glucotrol XL (glipizideXL)</li> <li>• Glucotrol (glipizide)</li> <li>• Diaβeta (glyburide in the U.S. and Canada; glibenclamide in most of the rest of the world)</li> <li>• Glynase PresTab (glyburide in the U.S. and Canada; glibenclamide in most of the rest of the world)</li> <li>• Micronase (glyburide in the U.S. and Canada; glibenclamide in most of the rest of the world)</li> </ul> <p>Biguanides</p> <ul style="list-style-type: none"> <li>• Glucophage (metformin HCl tablets)</li> <li>• Glucophage XR (metformin HCl extended release tablets)</li> <li>• Glucophage XR</li> <li>• Alpha-Glucosidase inhibitors</li> <li>• Precose (acarbose)</li> <li>• Glyset (miglitol)</li> </ul> <p>Thiazolidinedione</p> <ul style="list-style-type: none"> <li>• Avandia (rosiglitazone maleate)</li> <li>• Actos (pioglitazone hydrochloride, Takeda)</li> </ul> <p>Meglitinide</p> <ul style="list-style-type: none"> <li>• Prandin (repaglinide)</li> </ul> <p>Amino acid D-phenylalanine Derivative</p> <ul style="list-style-type: none"> <li>• Starlix (nateglinide)</li> </ul> <p>Incretin Mimetics</p> <ul style="list-style-type: none"> <li>• Symlin (pramlintide acetate)</li> <li>• Byetta (exenatide)</li> <li>• Galvus (Vildagliptin)</li> </ul> <p>DPP-4 Inhibitors</p> <ul style="list-style-type: none"> <li>• Januvia (sitagliptin phosphate)</li> </ul> <p>Combinations</p> <ul style="list-style-type: none"> <li>• Actoplus Met (Actos and metformin HCl tablets)</li> <li>• Avandamet (Avandia and metformin HCl tablets)</li> <li>• Avandaryl (rosiglitazone maleate and glimepiride tablets)</li> <li>• Glucovance (glyburide and metformin HCl tablets)</li> </ul> <p>Metaglip (glipizide and metformin HCl tablets)</p>

<b>Angiotension Converting Enzyme Inhibitor (ACEI) / Angiotension Receptor Blocker (ARB)</b>		
<b>Angiotension Converting Enzyme Inhibitor (ACEI)</b>	<b>Angiotension Converting Enzyme Inhibitor (ACEI)</b>	<b>Angiotension Receptor Blocker (ARB)</b>
Accupril	Lotrel	Atacand
Accuretic	Mavik	Atacand HCT
Aceon	Moexipril	Avalide
Altace	Moexipril Hydrochloride	Avapro
Benazepril	Moexipril Hydrochloride/hydrochlorothiazide	Benicar
Benazepril Hydrochloride	Moexipril/hydrochlorothiazide	Benicar HCT
Benazepril/amlodipine	Monopril	Candesartan
Benazepril/hydrochlorothiazide	Monopril HCT	Candesartan/hydrochlorothiazide
Capoten	Monopril HCT 10/12.5	Cozaar
Capozide	Perindopril	Diovan
Capozide 25/15	Perindopril Erbumine	Diovan HCT
Capozide 25/25	Prinivil	Eprosartan
Capozide 50/15	Prinzide	Eprosartan/hydrochlorothiazide
Capozide 50/25	Quinapril	Hyzaar
Captopril	Quinapril HC1	Irbesartan
Captopril HCT	Quinapril HC1/HCT	Irbesartan/hydrochlorothiazide
Captopril/hydrochlorothiazide	Quinapril Hydrochloride/hydrochlorothiazide	Losartan
Enalapril	Quinapril/hydrochlorothiazide	Losartan/hydrochlorothiazide
Enalapril Maleate/diltiazem	Quinaretic	Micardis
Enalapril Maleate/hydrochlorothiazide	Ramipril	Micardis HCT
Enalapril/diltiazem	Tarka	Olmesartan
Enalapril/felodipine	Teczem	Olmesartan/hydrochlorothiazide
Enalapril/hydrochlorothiazide	Trandolapril	Tasosartan
Enalaprilat	Trandolapril/verapamil	Telmisartan
Fosinopril	Trandolapril/verapamil hydrochloride	Telmisartan/hydrochlorothiazide
Fosinopril Sodium/ hydrochlorothiazide	Uniretic	Teveten
Lexxel	Univasc	Teveten HCT
Lisinopril	Vaseretic	Valsartan
Lisinopril/hydrochlorothiazide	Vasotec	Valsartan/hydrochlorothiazide
Lotensin	Zestoretic	Verdia
Lotensin HCT	Zestril	

**For**  
**The American Osteopathic Association**  
**Clinical Assessment Program - Residencies (CAP)**

**By**  
**Applied Health Services**  
**Richard J. Snow, DO, MPH**  
**Worthington, Ohio**  
**2007 - 2008**

**THE ABSTRACTION TOOL (Hard Copy Version)**

American Osteopathic Association  
Clinical Assessment Program—Residency  
Diabetes Measurement Abstraction Tool AY07

Abstraction ID	<input type="text"/>	LDL Evaluation	<input type="checkbox"/>
Insurance Type	<input type="text" value="1 2 3 4 5"/>	LDL Level mg/dl	<input type="text"/>
Age (if >89 enter 90)	<input type="text"/>	BP Sys	<input type="text"/>
Sex	<input type="text" value="M F"/>	BP Dia	<input type="text"/>
Ethnic Origin	<input type="text" value="1 2 3 4"/>	ACE Inhibitor / ARB	<input type="checkbox"/>
Type Diabetes	<input type="text" value="1 2 3"/>	ACE / ARB Allergy/intol	<input type="checkbox"/>
Number office visits	<input type="text"/>	Smoking History	<input type="checkbox"/>
Number missed visits	<input type="text"/>	Smoking Counseling	<input type="checkbox"/>
Edu Weight Control	<input type="checkbox"/>	Influenza Immunization	<input type="checkbox"/>
		Pneumococcal Vaccination	<input type="checkbox"/>
Age Diagnosis	<input type="text"/>	Osteopathic Structural Exam	<input type="checkbox"/>
HTN	<input type="checkbox"/>	BMI	<input type="text"/>
		Glomerular Filtration Rate	<input type="text"/>
FOOT EXAM	<input type="checkbox"/>	Treatment Plan DM	<input type="checkbox"/> Diet and Wt loss <input type="checkbox"/> Increase Med <input type="checkbox"/> Add new Med <input type="checkbox"/> Value not available <input type="checkbox"/> Recheck value
HbA1C DONE	<input type="checkbox"/>		
HbA1C LEVEL (%)	<input type="text"/>	Treatment Plan LDL	<input type="checkbox"/> Diet and Wt loss <input type="checkbox"/> Increase Med <input type="checkbox"/> Add new Med <input type="checkbox"/> Value not available <input type="checkbox"/> Recheck value
Dilated Eye Rec	<input type="checkbox"/>		
Dilated Eye Done	<input type="checkbox"/>	Refusal	<input type="checkbox"/>
Normal Eye Exam Past	<input type="checkbox"/>		
Albuminuria Screen	<input type="checkbox"/>		
Albuminuria Present	<input type="checkbox"/>		
Nephropathy Present	<input type="checkbox"/>	Comments:	

Version 6 10/07 Check Box for Yes