Diabetes Flow Sheet

Q040A diabetes management incentive · 12-month record

VERISMO

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Patient

Patient name		Date of birth	Sex
Health card number and version		Rostered to (physician, billing number)	
Diabetes diagnosed	Diagnostic code **250**	12 months recorded (from / to)	

Type

☐ Type 1 ☐ Type 2 ☐ Prediabetes ☐ Other _____ Latest HbA1c _____ %

Other conditions

☐ Hypertension ☐ Dyslipidemia ☐ Heart disease ☐ Kidney disease ☐ Retinopathy ☐ Neuropathy ☐ Other _____

Assessment over the year

Review	Goal	Baseline	Visit 1 Date:	Visit 2 Date:	Visit 3 Date:	Visit 4 Date:
PHYSICAL EXAM (EACH VISIT)						
Blood pressure						
Weight (kg) · BMI · waist						
Hypoglycemia episodes						
Foot exam: sensation, pulses, skin						
Smoking status						
Self-management goal reviewed						
LABORATORY						
HbA1c (every 3 months)						
Fasting glucose / home readings						
LDL-C (yearly)						
eGFR (yearly)						
Urine ACR (yearly)						
MEDICATIONS: DOSE, TOLERATING (+/-)						
Metformin						
SGLT2 inhibitor / GLP-1 RA						
Insulin / other glucose-lowering						
Statin						
ACE inhibitor / ARB						
Other:						

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Education and self-management

☐ What diabetes is and its complications	Date _____	☐ Stop smoking	Date _____
☐ Checking blood glucose at home	Date _____	☐ Eye exam (every 1-2 years)	Date _____
☐ Recognizing and treating low blood sugar	Date _____	☐ Influenza vaccine (yearly)	Date _____
☐ Healthy eating	Date _____	☐ Pneumococcal vaccine	Date _____
☐ Physical activity	Date _____	☐ Goals set with the patient	Date _____
☐ Medications, and sick-day rules	Date _____	☐ Mood and diabetes distress	Date _____
☐ Foot care	Date _____	☐ Driving and low blood sugar	Date _____

Clinical notes

Visit 1 Date _____ ☐ Billed K030A, dx 250	
Visit 2 Date _____ ☐ Billed K030A, dx 250	
Visit 3 Date _____ ☐ Billed K030A, dx 250	
Visit 4 Date _____ ☐ Billed K030A, dx 250	

Before billing Q040A ($65.70, once a year)

- ☐ Patient is rostered (enrolled) to you
- ☐ Three K030A or more in the last 12 months, billed with dx 250
- ☐ HbA1c, blood pressure and weight recorded at each visit
- ☐ LDL-C, eGFR and urine ACR done in the last 12 months
- ☐ Foot exam done; eye exam done or referred
- ☐ Self-management goals set with the patient
- ☐ No Q040A billed for this patient in the last 12 months

Q040A billed on _____ Physician signature _____

Fill in over the year and keep in the patient's chart. The elements follow the Ministry's Q040A requirements (diabetes care consistent with the Diabetes Canada clinical practice guidelines).