

**Recommended Lab/Preventive Screenings for today's visit:**

**QUALITY CARE – RECOMMENDED FOR ANY PATIENT WITH HTN/DIABETES**

**DATE OF SERVICE** \_\_\_\_\_ **PROVIDER** \_\_\_\_\_ **DM** \_\_\_\_\_ **HTN** \_\_\_\_\_ **BOTH** \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Medical Record #:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**TODAY'S RECOMMENDED TESTING**

- HgbA1c (every 3-6 months)
- Basic Metabolic Panel (every 3-6 months)
- MAL ratio (every 3-12 months)
- Lipids (yearly)
- ALT (if on thiazides or statins)
- Uric Acid (if on thiazides)
- WBC (if on ACE Inhibitors)
- Dilated Eye Exam (yearly) \_\_\_\_\_
- Flu vaccine \_\_\_\_\_
- Pneumonia vaccine \_\_\_\_\_

**RESULTS**

**Chol:** \_\_\_\_\_  
**HDL:** \_\_\_\_\_  
**LDL:** \_\_\_\_\_  
**TRIG:** \_\_\_\_\_  
**ALT:** \_\_\_\_\_

**Glucose:** \_\_\_\_\_  
**Serum Creat:** \_\_\_\_\_  
**HgbA1c:** \_\_\_\_\_  
**MAL ratio:** \_\_\_\_\_  
**Blood Pressure:** \_\_\_\_\_

**PREVENTIVE TESTING**

- \_\_\_\_\_ Mammograms (at least yearly in women from age 50-69)
- \_\_\_\_\_ Pap Smear (at least every 3 years in women age 18-64)
- \_\_\_\_\_ Bone Density Test (every 2 years)
- \_\_\_\_\_ PSA (yearly after age 50 unless family history)
- \_\_\_\_\_ Colonoscopy (at least every 10 years from age 50-80)