

My laboratory exams & screenings this visit:

| | Need | Completed | |
|-------------------|--------------------------|--------------------------|--------------------|
| Hemoglobin A1C | <input type="checkbox"/> | <input type="checkbox"/> | Result _____ |
| Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> | Result ____ / ____ |
| Fasting Lipids | <input type="checkbox"/> | <input type="checkbox"/> | |
| CMP | <input type="checkbox"/> | <input type="checkbox"/> | |
| A/C ratio | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hep B vaccine | <input type="checkbox"/> | <input type="checkbox"/> | |
| Foot Screening | <input type="checkbox"/> | <input type="checkbox"/> | |
| Behavioral Health | <input type="checkbox"/> | <input type="checkbox"/> | |
| Dental Screening | <input type="checkbox"/> | <input type="checkbox"/> | |
| Retinal Screening | <input type="checkbox"/> | <input type="checkbox"/> | |
| Provider check-in | <input type="checkbox"/> | <input type="checkbox"/> | |

ICD-10
 ___ Type 1 E10.9
 ___ Type 2 E11.9

My next visit date or recommended f/u:



Please keep this passport with you throughout your appointment. This passport will help our staff and you to keep track of all of the recommended laboratory exams and screenings completed for you during today's appointment.

Name: _____

You receive a free breakfast today and a free grocery gift card to **THANK YOU** for taking the time out of your day to **put your health first!**



*Please present this card and your completed survey to staff after your visit with the doctor to receive your gift card

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What do all of these labs mean?

Hemoglobin A1C: This exam is recommended to have done every 3-6 months depending on the recommendations of your primary care provider. The A1C test gives you a picture of your average blood glucose control for the past 2 to 3 months.

Fasting Lipids: This exam is recommended to have done once every year. It is used to determine the level of not just total cholesterol, but also LDL (the 'bad' cholesterol), and HDL (the 'good' cholesterol).

Albumin/Creatinine Ratio: This exam is recommended to have done once every year. The ratio of albumin to creatinine in your urine gives a good indication of how well your kidneys are functioning, especially if you have diabetes.

Foot screening: High glucose levels from diabetes can result in poor circulation to your lower legs and feet. Often, this causes nerve damage, called neuropathy. An annual foot screening is recommended to test for neuropathy and complications related to neuropathy.

Retinal screening: High glucose levels from diabetes can damage the back part of the eye (the retina) and ultimately cause loss of vision. An annual screening is recommended to check for any signs of damage so it can be treated before it gets worse.

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