

# Diabetic Home Health Evaluation Checklist

## Patient Information

Name

Date

Address

Contact Number

## Vital Signs

Blood Glucose Level (mg/dL)

Blood Pressure (mm Hg)

Weight (kg)

Temperature (°C)

Pulse (bpm)

## Checklist

- ☐ Medication reviewed and administered
- ☐ Insulin storage and administration checked
- ☐ Blood glucose monitoring reviewed
- ☐ Dietary habits assessed
- ☐ Physical activity discussed
- ☐ Foot inspection completed
- ☐ Skin condition assessed
- ☐ Signs of hypo/hyperglycemia assessed
- ☐ Emergency plan discussed

☐ Patient/caregiver education provided

## Additional Notes

## Signature

Evaluator Name

Signature

Date