

# Diabetes Outpatient Review Form

Patient Name

Date of Birth

Date of Visit

Clinic/Physician Name

Type of Diabetes

Duration (years)

Current Medications

Recent Blood Glucose / HbA1c

Blood Pressure (mmHg)

Weight (kg)

BMI

Symptoms/Concerns

Physical Examination Notes

Foot Examination

Relevant Lab Results

Assessment / Impression

Plan & Follow-up

Additional Notes

