

### Diabetes Annual Cycle of Care Checklist

Patient name: .....

Date last diabetes annual cycle of care SIP claimed: .....

Minimum requirement	Required frequency (minimum)	Consultation when service is provided	
		Date	Date
Measure height, weight and calculate BMI*	Every 6 months		
Measure blood pressure	Every 6 months		
Examine feet	Every 6 months		
Measure HbA1c	Annually		
Measure cholesterol, triglycerides, HDL cholesterol	Annually		
Test for microalbuminuria	Annually		
Comprehensive eye examination	Every 2 years		
Provide self care education	Annually		
Review diet / Healthy Eating Plan	Annually		
Review level of physical activity	Annually		
Check smoking status	Annually		
Review medication	Annually		

\* Initial visit: measure height and weight and calculate BMI as part of the initial assessment.  
Subsequent visits: measure weight.

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