



Primary Care
Brown Health Medical Group
BROWNHealth
UNIVERSITY

Patient name (Print): _____

Preferred name: _____

Preferred pronoun: _____

Patient date of birth: _____

Date: _____

My Diabetes Checklist

Your care team wants to ensure that you are up to date with screenings that can benefit your health and help you reach your healthcare goals. Listed below are the dates of your last annual preventative screenings for diabetes. Keeping up to date with your annual preventative screenings can greatly reduce your risk of developing diabetes complications. *If possible, please bring this completed form to your next primary care visit with us!*

Type	Recommended Frequency	Last Completed
A1C Level	Every 3-6 months	
Blood Pressure	Every Visit	
Cholesterol Screening	Every Year	
Dilated Eye Exam	1-2 Years as Directed	
Foot Exam (Neuropathy Screening)	Every Year	
Kidney Screening (Microalbumin Urine Test)	Every Year	
Vaccine: Flu	Every Year	
Vaccine: Pneumonia	As Directed	
Vaccine: COVID-19	As Directed	

Want to learn more about diabetes?

Visit bit.ly/bhmgpc-healthlinks-resources and click the Diabetes tab.