

# Diabetes Cycle of Care

**Patient**

**Age**

**Doctor**

Enroll this patient in the Boomerang Program

Yes  No

Last	Date	Value
SIPP		
GPMP (721)		
TCA (723)		
HbA1C		

I would like this patient to see	Yes	No
Diabetes Educator		
Dietician		
Exercise Physiologist		
Podiatrist regardless / if neuropathic on testing		
Endocrinologist / Physician Name -		
Pharmacist for Home Medication Review		
Practice Nurse for Home Health Assessment (if over 75)		

I would like to see this patient every 1 2 3 4 6 months (including annual preventative health check).
I would like this patient to have routine pathology testing as below HbA1C every 6 months Lipids every 6 months u Albumin/Creatinine Ratio every 12 months