Copy & paste this text into the “Notes” section to create your standard template: (Image below)

Most recent HgA1c:

Date of HgA1c:

If none, refer the patient for HgA1c test or conduct POCT at the pharmacy

Date of most recent eye exam:

If none, refer the patient to annual eye exam

Is patient taking a statin? Y/N

If no, is there a documented reason or intolerance?

Is patient taking an ACE or ARB? (lisinopril, benazapril, losartan, telmisartan, olmesartan, etc)

If no, do they have uncontrolled hypertension?

Most recent BP:

Date of BP:

Is A1c at goal (less than 7%) - Y/N

If no, refer to pharmacist for assessment of medication regimen and lifestyle management

Has patient received the following applicable vaccines:

Flu:

COVID19:

Pneumonia:

Shingles (if >50 years):

Tdap (needed if >10 years since last one):

FOR PHARMACIST TO COMPLETE:

Education discussed with pharmacist:

Addressing any barriers to adherence:

Medication administration technique reviewed if applicable:

Recommendations made to patient's provider: