Patient Name: **DOB:** **Date of Service:**

Panel Management Check List- *Highlighted items are overdue*

Annual Eye Exam

Anti-Coagulation Therapy

Anti-Platelet Therapy

Aspirin Utilization

Blood Pressure

BMI

Bone Density

Colonoscopy

Dental Exam

Echocardiogram

eGFR

EKG

Fasting Glucose

Foot Exam

HBGA1C

Height

Influenza Vaccine

Lipid Panel

Mammogram

Microalbumin

Monofilament

Pap Smear

Pneumovax

Referral to Diabetes Center

Self Management Plan

Serum Creatinine

Serum Electrolytes

Smoking Cessation

Tetanus

TSH

Urinalysis

Weight