

# PATIENT BASELINE DATA

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

	Value	Date
<b>HbA1C</b>		
<b>Weight</b>		
<b>Height</b>		
<b>Blood Pressure</b>		
<b>LDL</b>		
<b>HDL</b>		
<b>TG</b>		
<b>Urinary Microalbumin (Positive or Negative)</b>		
<b>eGFR</b>		
<b>Annual Eye Exam</b>	-----	



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