

Diabetes Mellitus Examination

Comprehensive Worksheet

Name: SSN:

Date of Exam: C-number:

Place of Exam:

When a Diabetes Mellitus examination is requested, begin with this worksheet. For each diabetic complication manifested by the veteran, complete appropriate additional worksheets.

Chronic complications from diabetes include vascular and nonvascular complications. Vascular complications include microvascular (eye disease, neuropathy, nephropathy) and macrovascular complications (coronary artery disease, peripheral vascular disease, cerebrovascular disease). Nonvascular complications include gastroparesis, sexual dysfunction, and skin changes.

Harrison's Principles of Internal Medicine, 2001, page 2119.

A. Review of Medical Records:

B. Medical History (Subjective Complaints):

As pertains to Diabetes Mellitus or its complications, comment on:

- 1.Age of onset.
- 2.Details of hospitalizations or surgery due to diabetes.
- 3.History of trauma to pancreas.
- 4.If a neoplasm is or was present, state whether benign or malignant and provide:
 - a. Exact diagnosis and date of confirmed diagnosis, location of neoplasm.
 - b. Types and dates of treatment.
 - c. For malignant neoplasm, also state exact date of the last surgical, X-ray, antineoplastic chemotherapy, radiation, or other therapeutic procedure.
 - d. State expected date treatment regimen is to be completed. If treatment is already completed, provide date of last treatment and fully describe residuals.
- 5.State whether veteran is being treated for hypertension. If so, state date of diagnosis of hypertension, if known.
- 6.State whether there are episodes of ketoacidosis or hypoglycemic reactions, and state frequency per year of hospitalizations needed to treat them (less

than one per year, 1-2 per year, more than 2 per year) and frequency of visits to a diabetic care provider they require (weekly, 2-3 times per month, or monthly or less often).

- 7.State whether veteran has been told to follow restricted or special diet.
- 8.Describe what regulation of activities, if any, is needed due to diabetes (e.g., avoiding strenuous activity to prevent hypoglycemic reactions).
- 9.Treatment - oral hypoglycemic, insulin (frequency of injections).
- 10.Other symptoms, such as anal pruritus, loss of strength.
- 11.Visual symptoms.
Refer to Eye examination worksheet, if indicated.
- 12.Vascular (including peripheral vascular) and cardiac symptoms.
Refer to cardiovascular examination worksheet(s): Hypertension, Heart, Arteries, Veins, and Misc., etc., if indicated.
- 13.Neurologic symptoms.
Refer to neurologic examination worksheets(s): Peripheral Nerves, etc., if indicated.
- 14.Bladder or bowel symptoms.
Refer to examination worksheets(s): Genitourinary, Rectum and Anus exam, etc., if indicated.
- 15.Symptoms of diabetic nephropathy, diabetes-related skin problems, gastrointestinal symptoms, etc.
Follow additional examination worksheets, as indicated.
- 16.Course since onset (stable, progressively worse, improved, intermittent with remissions, etc.).

C. Physical Examination (Objective Findings):

Assess for all chronic complications of diabetes mellitus found or suggested by history. Complete appropriate additional worksheets as indicated.

- 1.Weight loss or gain (percent of change) since last exam.
- 2.Eye examination. NOTE: Positive eye signs or symptoms require an examination by a vision specialist.
- 3.Cardiovascular examination: include blood pressure x3, heart rate, rhythm, PMI, abnormal heart sounds, signs of congestive heart failure, breath sounds. NOTE: A determination of METs by exercise testing may be required for certain conditions. Follow Heart examination worksheet when there is an indication of heart disease.
- 4.Examination of extremities, including feet: report status of peripheral arteries, peripheral edema, trophic changes, ulcers, etc.
- 5.Neurologic examination, including motor, sensory, and reflex examinations.
 6. Skin examination.
- 6.If there is or was a neoplasm, describe residuals of the neoplasm and its treatment.

D. Diagnostic and Clinical Tests:

Provide:

- 1.Fasting blood sugars, or other laboratory evaluation such as glucose tolerance test if necessary to establish the diagnosis.
- 2.Blood glucose.
- 3.Evaluation of renal function by: urinalysis with special test for microalbuminuria, blood urea nitrogen (BUN), and creatinine (Cr).
- 4.Other tests as necessary to confirm or evaluate complications. Follow appropriate worksheets for guidance on the tests.
- 5.Include results of all diagnostic and clinical tests conducted in the examination report.

E. Diagnosis:

- 1.State whether or not the veteran has diabetes mellitus. Indicate type.
- 2.List all conditions found that are potentially complications of diabetes, such as visual impairment, kidney disease, neurologic disease, amputation, cardiovascular disease, including hypertension, etc.
- 3.For each listed condition that is potentially a complication of the veteran's diabetes, state whether or not you believe it is a complication and provide a brief rationale for your conclusion, whether positive or negative. Your rationale may include such items as the duration of the diabetes, whether the diabetes has been well or poorly controlled, the onset of the possible complication in relation to the onset of diabetes, the severity of the complication, or anything else you consider relevant.
- 4.If the veteran has peripheral edema, indicate the etiology (for example, diabetic renal disease, other diabetic-related condition, or non-diabetic etiology).
- 5.If the veteran has a non-service-connected condition that in your opinion has been aggravated by the veteran's diabetes (including any of the conditions you listed above or any other claimed), describe your rationale for stating that there is aggravation. Then state the baseline disabling effects of the condition before aggravation and any additional or worsened disabling effects after aggravation. If it is not possible to do so without resorting to speculation, so state.
- 6.For each condition diagnosed (including diabetes and each complication), separately describe its effect on the veteran's usual occupation and daily activities.

Signature:

Date: