

Metabolic Control RCT  
Local HbA1c  
tblPDCAHbA1c

PtID	1. PtID: P ____ - _____
Namecode	2. Namecode: _____
Visit	3. Visit: <input type="checkbox"/> 6wk <input type="checkbox"/> 3m <input type="checkbox"/> 6m <input type="checkbox"/> 9m <input type="checkbox"/> 12m <input type="checkbox"/> 15m <input type="checkbox"/> 18m <input type="checkbox"/> 21m <input type="checkbox"/> 24m <input type="checkbox"/> 30m <input type="checkbox"/> 36m <input type="checkbox"/> 42m <input type="checkbox"/> 48m

DCAHbA1cNotDone	<input type="checkbox"/> Not Done (If not done, please enter reason in comment section) <i>If Done, please complete the following</i>
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LOCAL HEMOGLOBIN A1c	
DCAHbA1cDt	1. Date of Test: ____ / ____ / ____ mm/dd/yy
DCAHbA1c	2. HbA1C (from DCA2000 or other local point of care device): ____ . ____ %

COMMENTS FormCmts