1) Patient identifiers (required fields)

- Full name, DOB, sex, national ID
- Type of diabetes (Type 1 / Type 2 / Gestational / Other)
- Date of diagnosis
- Date of last update.

2) Core investigations

- HbA1c.
- Fasting plasma glucose / random glucose.
- serum creatinine → eGFR
- electrolytes
- Urine albumin-to-creatinine ratio (uACR)
- Lipid profile
- Liver function tests (ALT/AST)
- TSH
- Foot exam.
- Retinal exam
- ASCVD Cardiovascular risk

3) Treatment / medications

First-line (Type 2):
- **Metformin**
- **SGLT2 inhibitors (e.g., empagliflozin, dapagliflozin)**
- **GLP-1 receptor agonists (e.g., semaglutide,**

liraglutide)
- DPP-4 inhibitors
- Sulfonylureas / meglitinides
- Thiazolidinediones (TZDs)
- Insulin

Use a proper database of diabetic drugs
- **Vaccinations:** influenza, pneumococcal, hepatitis B, COVID per local guidance.
-

4) Self-management / lifestyle fields

- SMBG / CGM use & logs (frequency, recent patterns)
- Weight / BMI
- Diet plan / nutrition counseling status
- Physical activity level (minutes/week)
- Smoking status
- Alcohol use
- Diabetes education completed (date / provider)
- Sick-day plan (meds to stop, when to seek care)

5) Urgent / red-flag items

- Diabetic Ketoacidosis / Hyperglycemic Hyperosmolar state history
- Blood glucose persistently >300 mg/dL or <54 mg/dL
- New foot ulcer, redness, drainage, or limb ischemia

    → urgent wound/vascular referral.
- Rapid rise in creatinine / eGFR decline or very high albuminuria → nephrology referral considerations.
- Hospitalisations due to diabetes related events