

## **Non-Insulin Dependent Type 2 Diabetes Mellitus IRILO Checklist**

**Name:**

**Date:**

**RANK:**

**SSN:**

**DAFSC:**

**Years Svc:**      < 5 Years      > 5 Years      ≤ 15 Years      ≥ 15 Years

**Lab Results:**

**Fasting blood sugar (mg/DL):**      125-150      151-200      > 200  
**HgbA1C**      <7      7.1-7.9      >7.9

**BMI**

**Optometry exam current:**      Yes (see attached)      No

**Other significant medical conditions (including end organ damage/cardiovascular risk factors):**      Yes      No      If yes, list:

**Controlled with oral agents:**      Yes(list)      No

**Requires insulin:**      Yes (Dose regime)      No

**Requires injectable non-insulin medication:**      Yes      No

**ER or Urgent Care Visits:**      Yes (detail)      No

**Hospitalizations:**      Yes (detail)      No

**Specialist required for management:**      No      1x/year      2x/year      3x/year

**Missed work days in last year due to DMII:**      None      1-2      3-4      >4

**Risk for sudden incapacitation:**      Low      Moderate      High

## **Non-Insulin Dependent Type 2 Diabetes Mellitus Fast Track Checklist**

---

**Signature/Date**

**DAWG Review and Recommendation:**    RTD    C-1    C-2    C-3    Full

**Recommended follow-up interval:**    3 mo.    4 mo.    6 mo.    Annual    Biennial