

ABC HOSPITAL DIABETES SELF-MANAGEMENT EDUCATION and SUPPORT PROGRAM

RECORD and PROGRESS NOTE

Patient: _____ Provider: _____ DOB: _____ Initial Subsequent Year Follow-Up

DSMES VISIT # 1 (1.5 Hour Group Scheduled)	ACTUAL	PROGRESS NOTE: Visit #: _____ Date: _____
<input type="checkbox"/> Individual assessment <input type="checkbox"/> Education plan; behavior Δ tools [^] <input type="checkbox"/> BG goals + targets <input type="checkbox"/> Diabetes outcomes <input type="checkbox"/> Behavior goals <input type="checkbox"/> DSMES program schedule <input type="checkbox"/> A1c + lab tests <input type="checkbox"/> DM biology <input type="checkbox"/> SMBG <input type="checkbox"/> Meter receipt; name = _____ <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other: _____ SMBG goal: _____	Date: _____ Time: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	Behavior Δ tools used [^] : _____ ASSESSMENT: A1c: _____ BP: _____ Waist: _____ Ht: _____ Wt: _____ Previous Wt: _____ BMI: _____ Wt Goal: _____ FBG: _____ 2 ^o PP: _____
DSMES VISIT # 2 (2 Hours Group Scheduled) <input type="checkbox"/> Diabetes biology <input type="checkbox"/> Diabetes identification <input type="checkbox"/> Food + BG logs <input type="checkbox"/> What \uparrow \downarrow BG <input type="checkbox"/> Healthy eating <input type="checkbox"/> Food labels <input type="checkbox"/> Body wt <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other: _____	Date: _____ Time: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	OUTCOMES: <input type="checkbox"/> See Separate Form Attached <input type="checkbox"/> Clinical: <input type="checkbox"/> Knowledge*: <input type="checkbox"/> Quality of life*: *1 – 10; 10 = highest amount
DSMES VISIT # 3 (2 Hours Group Scheduled) <input type="checkbox"/> Pattern management with pts' logs <input type="checkbox"/> Monitor health status <input type="checkbox"/> Taking meds <input type="checkbox"/> OTC meds <input type="checkbox"/> Sick day care <input type="checkbox"/> Being active <input type="checkbox"/> Reducing risks: hypo + hyperglycemia <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other: _____	Date: _____ Time: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	<input type="checkbox"/> Knowledge*: <input type="checkbox"/> Quality of life*: *1 – 10; 10 = highest amount
DSMES VISIT # 4 (1.5 Hours Group Scheduled) <input type="checkbox"/> Reducing risks: chronic complications <input type="checkbox"/> Pattern management <input type="checkbox"/> Obstacles to change <input type="checkbox"/> Healthy coping + stress <input type="checkbox"/> Foot care <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other: _____	Date: _____ Time: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	*1 – 10; 10 = highest amount DIABETES MEDS: <input type="checkbox"/> None <input type="checkbox"/> No change <input type="checkbox"/> Request Δ
DSMES VISIT # 5 (1 Hour Individual Scheduled) <input type="checkbox"/> Pt-selected topics or other: _____	Date: _____ Time: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	OTHER MEDS: <input type="checkbox"/> BP <input type="checkbox"/> lipids <input type="checkbox"/> depression/anxiety
DSMES VISIT # 6 (2 Hours Group Scheduled) <input type="checkbox"/> Initial assessment review + correct knowledge deficits <input type="checkbox"/> Behavior goals Δ achievement + other diabetes outcomes <input type="checkbox"/> Reducing risks: DKA + NKHHS <input type="checkbox"/> Problem solving <input type="checkbox"/> DSM support plan <input type="checkbox"/> DSMES f/up <input type="checkbox"/> Pattern management <input type="checkbox"/> Pt-selected topics: <input type="checkbox"/> Other: _____	Date: _____ Time: _____ Hrs: 0.5 1 2 3 <input type="checkbox"/> Group <input type="checkbox"/> Individual Present: <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	PLAN / INTERVENTIONS: <input type="checkbox"/> Continue DSMES program <input type="checkbox"/> Schedule MNT / RD visit <input type="checkbox"/> Handouts provided <input type="checkbox"/> Reschedule missed DSMES visit <input type="checkbox"/> Keep log of: ___ behavior goals ___ outcome achievement <input type="checkbox"/> Test BG: _____ _____ <input type="checkbox"/> Next visit: _____
		BEHAVIOR GOALS Set: <input type="checkbox"/> See Separate Form Attached <input type="checkbox"/> Healthy eating <input type="checkbox"/> Being active <input type="checkbox"/> Taking meds <input type="checkbox"/> Reducing risks <input type="checkbox"/> Monitoring <input type="checkbox"/> Healthy coping <input type="checkbox"/> Problem-solving <input type="checkbox"/> _____
		PHYSICIAN ACTION REQUESTED: <input type="checkbox"/> SEE ADDENDUM NOTE ATTACHED

[^] K = \uparrow Knowledge; S = \uparrow Skill; G = Goal Setting; B = Behavior Contract; O = \downarrow Obstacles; P = \uparrow Problem Solving; H = Handouts; DS = Discussion; D = Demo; V = Video

Educator Signature/Initials: _____

