

WILL COUNTY **FQHC** DIABETES SELF-MANAGEMENT EDUCATION PROGRAM

DIABETES SELF-MANAGEMENT EDUCATION PROGRAM RECORD and PROGRESS NOTE

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

DSME VISIT # 1 (1.5 Hour Individual Scheduled)	ACTUAL	PROGRESS NOTE: Visit # _____ Date: _____
<input type="checkbox"/> Individual assessment <input type="checkbox"/> Education plan; behavior Δ tools [^]	Date:	Behavior Δ tools used[^]: DATA: A1c: _____ BP: _____ Waist: _____ Ht: _____ Wt: _____ BMI: <input type="checkbox"/> \downarrow <input type="checkbox"/> \uparrow _____ # Wt Goal: _____ FBG: _____ 2°PP: _____ Outcomes: <input type="checkbox"/> See Separate Form Attached Diabetes Meds: <input type="checkbox"/> None <input type="checkbox"/> No change <input type="checkbox"/> Request Δ Other Meds: <input type="checkbox"/> BP <input type="checkbox"/> lipids <input type="checkbox"/> depression/anxiety ASSESSMENT: PLAN / INTERVENTIONS related to pt: <input type="checkbox"/> Continue DSME program <input type="checkbox"/> Schedule MNT / RD visit <input type="checkbox"/> Handouts provided <input type="checkbox"/> Reschedule missed DSME visit(s) <input type="checkbox"/> Keep log of ___ behavior goals ___ outcome achievement <input type="checkbox"/> Test BG _____ BEHAVIOR GOALS set: <input type="checkbox"/> 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"/> _____ <input type="checkbox"/> PHYSICIAN ACTION REQUESTED: <input type="checkbox"/> SEE ADDENDUM NOTE ATTACHED
<input type="checkbox"/> BG goals + targets <input type="checkbox"/> Diabetes outcomes <input type="checkbox"/> Behavior goals	Initials:	
<input type="checkbox"/> DSME program schedule <input type="checkbox"/> A1c + lab tests <input type="checkbox"/> DM biology	Hrs: 0.5 1 2 3	
<input type="checkbox"/> SMBG* <input type="checkbox"/> Meter receipt; name =	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
<input type="checkbox"/> Pt-selected topics:	Also Present: <input type="checkbox"/> Family	
<input type="checkbox"/> Other:	<input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	
*SMBG goal:		
DSME VISIT # 2 (1.5 Hours Individual Scheduled)	Date:	
<input type="checkbox"/> Diabetes identification <input type="checkbox"/> Healthy eating overview	Initials:	
<input type="checkbox"/> What \uparrow \downarrow BG <input type="checkbox"/> Carbohydrate foods <input type="checkbox"/> Body wt target	Hrs: 0.5 1 2 3	
<input type="checkbox"/> Pt-selected topics:	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
<input type="checkbox"/> Other:	Also present: <input type="checkbox"/> Family	
	<input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	
DSME VISIT # 3 (1.5 Hours Individual Scheduled)	Date:	
<input type="checkbox"/> Pattern management with pts' logs <input type="checkbox"/> Monitor health status	Initials:	
<input type="checkbox"/> Taking meds <input type="checkbox"/> OTC meds <input type="checkbox"/> Food label reading	Hrs: 0.5 1 2 3	
<input type="checkbox"/> Being active	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
<input type="checkbox"/> Pt-selected topics:	Also present: <input type="checkbox"/> Family	
<input type="checkbox"/> Other:	<input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	
DSME VISIT # 4 (1.5 Hours Individual Scheduled)	Date:	
<input type="checkbox"/> Reducing risks: chronic complications <input type="checkbox"/> Fiber, Saturated Fat	Initials:	
<input type="checkbox"/> Dietary sodium <input type="checkbox"/> Coping + stress <input type="checkbox"/> Foot care	Hrs: 0.5 1 2 3	
<input type="checkbox"/> Pt-selected topics:	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
<input type="checkbox"/> Other:	Also present: <input type="checkbox"/> Family	
	<input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	
DSME VISIT # 5 (1.5 Hours Individual Scheduled)	Date:	
<input type="checkbox"/> Reducing risks: hypo + hyperglycemia	Initials:	
<input type="checkbox"/> Restaurant eating <input type="checkbox"/> Sugary foods	Hrs: 0.5 1 2 3	
<input type="checkbox"/> Pt-selected topics or other:	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
	Also present: <input type="checkbox"/> Family	
	<input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	
DSME VISIT # 6 (1.5 Hours Individual Scheduled)	Date:	
<input type="checkbox"/> Initial assessment review + correct knowledge deficits	Initials:	
<input type="checkbox"/> Behavior goals Δ achievement + other diabetes outcomes	Hrs: 0.5 1 2 3	
<input type="checkbox"/> Sick day care <input type="checkbox"/> Problem solving <input type="checkbox"/> Alcohol use	<input type="checkbox"/> Group <input type="checkbox"/> Individual	
<input type="checkbox"/> Pt-selected topics:	Also present: <input type="checkbox"/> Family	
<input type="checkbox"/> Other:	<input type="checkbox"/> Friend <input type="checkbox"/> Caregiver	
DSME VISIT # 7 (1 Hour Individual 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"/> DSM support plan <input type="checkbox"/> DSME follow-up		
<input type="checkbox"/> Pt-selected topics:		
<input type="checkbox"/> Other:		

[^] 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: _____

