**PROGRESS NOTE: Visit #____ Date:____**

**Behavior △ tools used^:**

**DATA:**
- A1c: [ ]
- BP: [ ]
- Waist: [ ]

**Outcomes:**
- □ See Separate Form Attached

**Diabetes Meds:**
- □ None
- □ No change
- □ Request △

**Other Meds:**
- □ BP
- □ lipids
- □ depression/anxiety

**ASSESSMENT:**

**PLAN / INTERVENTIONS related to pt:**
- □ Continue DSME program
- □ Schedule MNT / RD visit
- □ Handouts provided
- □ Reschedule missed DSME visit(s)
- □ Keep log of ___behavior goals____outcome achievement
- □ Test BG

**BEHAVIOR GOALS set:**
- □ Separate Form Attached

**□ PHYSICIAN ACTION REQUESTED:**

**SEE ADDENDUM NOTE ATTACHED**

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^ K = ↑ Knowledge; S = ↑ Skill; G = Goal Setting; B = Behavior Contract; O = ↓ Obstacles; P = ↑ Problem Solving; H = Handouts; DS = Discussion; D = Demo; V = Video

Educator Signature/Initials: