

PARTICIPANT FOLLOW-UP VISIT:

Participant Name: _____ Referring Provider: _____ Date: _____

Reassessment:

Ratings: 1=needs instruction 2=needs review 3=comprehends key points
 4=demonstrates competency N/A=not assessed

Topic	Reassessment Rating	Comment/Re-education
Knowledge of diabetes disease process		
Nutritional Management		
Understanding of Physical Activity		
Medication Use		
Monitoring and using results		
Preventing Acute Complications		
Preventing Chronic Complications		
Psychosocial Adjustment		
Behavior Change Strategies		
Risk Reduction Strategies		

Goal Achievement:

Ratings: 0%=never 25%=occasionally 50%=half the time
 75%=most of the time 100%=always

Goal	Achievement Rating	Comment
Healthy Eating		
Being Active		
Using Medications Safely		
Monitoring		
Reducing Risks: acute complication		
Reducing Risks: chronic complications		
Healthy Coping		

New Goals: _____

Follow-up/DSMS Plan: _____

Clinician Signature: _____