



# Take Charge of Your Diabetes Plus Intervention Tracking Form

**Participant Name:** \_\_\_\_\_

**Date of DSMES Assessment:** \_\_\_\_\_ **Workshop ID:** \_\_\_\_\_

**DSMES PLAN**

**WHAT TOPICS:**    Healthy Coping    Healthy Eating    Being Active    Taking Medication    Monitoring    Problem Solving    Reducing Risks

**HOW:** Group Individual (Special Needs: \_\_\_\_\_)

**WHERE:** In-person Virtual Combination                      **WHEN (Group Workshop Dates):** \_\_\_\_\_

<b>DATE OF SERVICE:</b>	<input type="checkbox"/> <b>Session #1</b>	<input type="checkbox"/> <b>Session #2</b>	<input type="checkbox"/> <b>Session #3</b>	<input type="checkbox"/> <b>Session #4</b>
<b>TIME SPENT:</b>	MNT 30 min	MNT 150 min	DSMT 150 min	DSMT 120 min
<b>CLASS TYPE:</b>	Individual	Group	Group	Group
<b>TOPICS COVERED:</b>	Individual assessment with Registered Dietician	<input type="checkbox"/> Healthy Coping <input checked="" type="checkbox"/> Healthy Eating <input type="checkbox"/> Being Active <input type="checkbox"/> Taking Medication <input checked="" type="checkbox"/> Monitoring <input type="checkbox"/> Problem Solving <input checked="" type="checkbox"/> Reducing Risks	<input checked="" type="checkbox"/> Healthy Coping <input checked="" type="checkbox"/> Healthy Eating <input type="checkbox"/> Being Active <input type="checkbox"/> Taking Medication <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Problem Solving <input checked="" type="checkbox"/> Reducing Risks	<input checked="" type="checkbox"/> Healthy Coping <input checked="" type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Being Active <input type="checkbox"/> Taking Medication <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Problem Solving <input checked="" type="checkbox"/> Reducing Risks
<b>Participant DSMES Progress and Plan:</b>	Completed assessment/pre-survey			
<b>Clinical or Behavioral Outcome:</b>	Created SMART goal			
<b>DSMES Team Initial:</b>				



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DATE OF SERVICE:	<input type="checkbox"/> Session #5	<input type="checkbox"/> Session #6	<input type="checkbox"/> Session #7	<input type="checkbox"/> Session #8
<b>TIME SPENT:</b>	DSMT 90 min	DSMT 90 min	DSMT 90 min	DSMT 30 min (up to 60 min if needed)
<b>CLASS TYPE:</b>	Group	Group	Group	Individual
<b>TOPICS COVERED:</b>	<input checked="" type="checkbox"/> Healthy Coping <input checked="" type="checkbox"/> Healthy Eating <input type="checkbox"/> Being Active <input type="checkbox"/> Taking Medication <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Problem Solving <input checked="" type="checkbox"/> Reducing Risks	<input checked="" type="checkbox"/> Healthy Coping <input type="checkbox"/> Healthy Eating <input checked="" type="checkbox"/> Being Active <input type="checkbox"/> Taking Medication <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Problem Solving <input checked="" type="checkbox"/> Reducing Risks	<input checked="" type="checkbox"/> Healthy Coping <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Being Active <input checked="" type="checkbox"/> Taking Medication <input checked="" type="checkbox"/> Monitoring <input checked="" type="checkbox"/> Problem Solving <input checked="" type="checkbox"/> Reducing Risks	Individual follow-up session with Registered Dietician
<b>Participant DSMES Progress and Plan:</b>				
<b>Clinical or Behavioral Outcome:</b>				
<b>DSMES Team Initial:</b>				

**Participant's SMART goal:** \_\_\_\_\_

**Date goal set:** \_\_\_\_\_ **Date of goal follow up:** \_\_\_\_\_ **Goal Progress: Never Met 1 - 2 - 3 - 4 - 5 Always Met**

**Forms Received:**  
 Registration Form  
 Insurance Authorization  
 Privacy policy  
 Liability Waiver  
 DSMES Order Form  
 Assessment/Pre-Survey  
 Intervention Tracking Form  
 Post-Survey  
 Support Plan  
 ID Card  
 Insurance Card