



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):** _____

S

DATE OF SERVICE:	<input type="checkbox"/> Session #1	<input type="checkbox"/> Session #2	<input type="checkbox"/> Session #3	<input type="checkbox"/> Session #4
TIME SPENT:	DSMT 30 min	DSMT 90 min	DSMT 90 min	DSMT 90 min
CLASS TYPE:	Individual	Group	Group	Group
TOPICS COVERED:	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
Participant DSMES Progress and Plan:	Completed assessment/pre-survey			
Clinical or Behavioral Outcome:	Created SMART goal			
DSMES Team Initial:				



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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
TIME SPENT:	DSMT 90 min	DSMT 90 min	DSMT 90 min	DSMT 30 min
CLASS TYPE:	Group	Group	Group	Individual
TOPICS COVERED:	<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
Participant DSMES Progress and Plan:				
Clinical or Behavioral Outcome:				
DSMES Team Initial:				

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