

## 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):** \_\_\_\_\_

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:	<input type="checkbox"/> MNT _____ min	<input type="checkbox"/> MNT <input type="checkbox"/> DSMT _____ min	<input type="checkbox"/> DSMT _____ min	<input type="checkbox"/> DSMT _____ 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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<b>DATE OF SERVICE:</b>	<input type="checkbox"/> Session #5	<input type="checkbox"/> Session #6	<input type="checkbox"/> Session #7	<input type="checkbox"/> Session #8
<b>TIME SPENT:</b>	<input type="checkbox"/> DSMT _____ min	<input type="checkbox"/> DSMT _____ min	<input type="checkbox"/> DSMT _____ min	<input type="checkbox"/> MNT <input type="checkbox"/> DSMT _____ min
<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