Data Description-

Comprehensive Medication Review (CMR) or Targeted Medication Review (TMR)

Legend: Textbox = (TB)

Drop down list = (DDL)

Radio Button = (RB)

Check boxes = (CB)

Session Information

1. Date (TB)
2. RPh (TB)
3. Type of Session (DDL) CMR or TMR
4. Prep Time (TB)
5. Start time (TB)
6. End time (TB)
7. Session Time (DDL)
8. Documentation time (TB)

Demographics

1. Patient name (TB)
2. Patient Number (TB)
3. Age (TB)
4. Age category (DDL) \*\* See table
5. Date of Birth (TB)
6. Gender (DDL) \*\* See table
7. Race (DDL) \*\* See table
8. Ethnicity (DDL) \*\* See table
9. Insurance Plan (TB)
10. MTM Insurance Payor Information (TB)
11. Number of Pharmacies (DDL) \*\*See table
12. Mail order? (DDL) (Yes/No)
13. Primary Care Physician (TB)
14. Physician Phone (TB)
15. Medication allergies (TB)
16. Chronic Health Conditions (CB) \*\* See Table
17. Reason for CMR/TMR (DDL) \*\* See table

Prescription Medication Review (Expandable section for every medication)

1. Drug Category \*\* See table
2. Medication Name (TB)
3. Part D Drug Class (DDL) \*\* See table
4. Part D Drug Class (DDL) \*\* See table
5. Strength (TB)
6. Unit (DDL) \*\* See table
7. Instructions (DDL) \*\* See table
8. Indication (DDL) \*\* See table
9. How long taking? (DDL) \*\* See table
10. Adherence (DDL) Yes/No
11. Side Effects (DDL) Yes/No
12. Administration Technique (DDL) Yes/No
13. Formulary Friendly (DDL) Yes/No
14. Medical History (TB)
15. Medication Related Problem (DDL) (Expandable section to accommodate multiple problems for each medication) \*\* See table
16. Recommendations Category (DDL) (connected to the above expandable section to accommodate a recommendation for each Medication Related Problem) \*\* See table
17. Medication Action Plan (TB) (connected to the above expandable section to accommodate a Medication Action Plan for each Medication Related Problem)
18. Follow-up Recommendation (DDL) \*\* See table
19. Materials Delivered (CB) \*\* See table

Immunizations Review

1. Vaccines Received (CB) \*\*See table
2. Vaccine Recommendations (DDL) (Expandable section) \*\* See table
3. Comments (TB) (Expandable section)

Survey after MTM Services (5 questions each with DDL for answers)

1. Question (DDL) \*\* See table
2. Answer (DDL) \*\* See table

Printable Forms

Health Care Provider Form:

1. Include demographics, Prescription Medication Review, and Immunizations Review

Data Description-

Diabetes Education and Support Session (DESS)

Legend: Textbox = (TB)

Drop down list = (DDL)

Radio Button = (RB)

Check boxes = (CB)

Demographics

1. Patient name (TB)
2. Patient Number (TB)
3. Age (TB)
4. Age category (DDL) \*\*See table
5. Date of Birth (TB)
6. Gender (DDL) \*\*See table
7. Race (DDL) \*\*See table
8. Ethnicity (DDL) \*\* See table
9. Insurance Plan (TB)
10. Number of Pharmacies (DDL) \*\* See table
11. Mail order? Yes/No
12. Primary Care Physician (TB)
13. Physician phone (TB)
14. Medication allergies (TB)
15. Chronic Health Conditions (CB) \*\*See table
16. Diabetes Counseling Payor: Health Insurance (TB)

Diabetes Counseling Session (expandable section for each section to represent various counseling sessions)

Session Information Date (TB)

1. RPh (TB)
2. Prep Time (TB)
3. Start time (TB)
4. End time (TB)
5. Session Time (DDL)\*\*See table
6. Documentation time (TB)
7. Reason for Session (DDL) \*\* See table

Diabetes laboratories

1. A1C (TB)
2. Systolic (TB)
3. Diastolic (TB)
4. Blood glucose (pre-prandial) (TB)
5. Blood glucose (post-prandial) (TB)
6. Random glucose (TB)
7. HDL (TB)
8. LDL (TB)
9. Triglycerides (TB)
10. Cholesterol (TB)
11. Weight (TB)
12. Height (TB)
13. BMI (TB)
14. Perception of Health (DDL) \*\* See table
15. Patient’s Level of Confidence of DM-blood sugar control (DDL) \*\* See table
16. Patient’s Level of Confidence -weight control (DDL) \*\* See table
17. Patient’s Level of Confidence of DM-medication management (DDL) \*\* See table
18. Patient’s Level of Confidence of DM-exercise (DDL) \*\* See table

Health Care Utilization

1. Dental Care (DDL) \*\* See table
2. Foot Care (DDL) \*\* See table
3. Eye Care (DDL) \*\* See table
4. Immunizations (CB) \*\*See table
5. Visits to primary care physician due to diabetes? (DDL) \*\* See table
6. Visits to ER due to diabetes? (DDL) \*\* See table
7. Hospitalizations due to diabetes? (DDL) \*\* See table

Behaviors

1. Nutrition (Expandable Section)
   1. Behaviors (DDL) \*\*See table
   2. Barriers (DDL) \*\*See table
   3. Recommendations/ Comments (TB)
   4. Intervention Type (DDL) \*\*See table
2. Exercise (Expandable Section)
   1. Behaviors (DDL) \*\*See table
   2. Barriers (DDL) \*\*See table
   3. Recommendations/ Comments (TB)
   4. Intervention Type (DDL) \*\*See table
3. BG Self-Monitoring (Expandable Section)
   1. Behaviors (DDL) \*\*See table
   2. Barriers (DDL) \*\*See table
   3. Recommendations/ Comments (TB)
   4. Intervention Type (DDL) \*\*See table
4. Foot Exams (Expandable Section)
   1. Behaviors (DDL) \*\*See table
   2. Barriers (DDL) \*\*See table
   3. Recommendations/ Comments (TB)
   4. Intervention Type (DDL) \*\*See table

Post-educational Session

1. Patient’s Perception of Level of Confidence of DM Self-management (DDL) \*\*See table
2. Materials Delivered (CB) \*\*See table
3. Follow-up recommendation (DDL) \*\* See table

Survey Diabetes Counseling Services (5 questions each with DDL for answers)

1. Question (DDL) \*\*See table
2. Answer (DDL) \*\*See table