**Session**

Session Date

Session Rph

Session Type

Session Prep Time

Session Start Time

Session End Time

Session Time

Session Documentation Time

Session Reason

**Demographics**

Patient Name

Patient DOB

Patient Age

Patient Age category

Patient Gender

Patient Race

Patient ethnicity

**Insurance**

Cardholder ID

Plan Name

Plan Bin

Plan PCN

Plan Group

**Pharmacy**

Number of Pharmacies

Mail order

**Prescriber**

PCP Name

PCP Phone number

**Health Data**

Medication history

Chronic Health Conditions

Allergies

A1C

Systolic

Diastolic

Fasting Glucose

After eating Glucose

Random Glucose

HDL

LDL

Triglycerides

Cholesterol

Weight

Height

BMI

**Immunizations**

Vaccines Received

Vaccine Recommendations

Comments

**Patient Diabetes Behavior Information**

Level of Confidence before session

* Blood sugar control
* Weight control
* Medication management
* Exercise

Level of Confidence after session

Dental Care

Foot Care

Eye Care

Visits to PCP

Visits to ER

Visits to Hospital

Nutrition

Behaviors

Barriers

Recommendations / comments

Intervention Type

Exercise

Behaviors

Barriers

Recommendations / comments

Intervention Type

BG Self-Monitoring

Behaviors

Barriers

Recommendations / comments

Intervention Type

Foot Exams

Behaviors

Barriers

Recommendations / comments

Intervention Type

**Drug**

Category

Name

Part D1

Part D2

Strength

Unit

**Survey**

5 questions and answers

**Med Review – TMR / also used in CMR**

Medication

Instructions

Indication

How long taking?

Adherence

Side Effects

Administration technique

Formulary Friendly

Medication related problem(s)

Recommendations Category

Follow-up Recommendations

**Materials Delivered**