Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention
MAINE DIABETES PREVENTION AND CONTROL PROGRAM: Diabetes Self-Management Training (DSMT)

DSMT-6
(02-2016)

Diabetes Self-Management Training (DSMT) - 6 Month Follow-up

______________________________ Name (Last) (First) (M.I.)	Physician's Name: __FP/GP__Ped__Int __Endo __Other	Phone ____________	Address ____________________ ____________________

___ 1:1 ____ Phone ____ Letter *or* ___ Dropped-out ___ Refused ___ Unable to Contact ___ Moved ___ Deceased

Clinical Data Since Last Encounter (If Applicable)

Weight (lbs)________________________
Blood Pressure _________/ __________
HbA1c ____________________________
Range __________ — ___________
Date______________________________
Lipid Profile Date____________________
Total Cholesterol___________________
HDL-C ________ LDL-C _________
Triglycerides______________________

Annual Microalbumin Screen
___ Proteinuria Present
___ Proteinuria Absent/Screen done
_______________Screen Result
______________________ Date
Screen Test Used:
___ Albumin-to-Creatinine Ratio (Spot)
___ 24-hour Collection
___ Timed Collection (eg. 4 hr or Overnight)

Content Area Knowledge Rating 1 = No 2 = Little 3 = Basic 4 = Advanced 5 = Comprehensive	**Rating**	**Behavioral Assessment/ Current Practice**
1. Diabetes disease process/treatment options		
2. Physical activity		
3. Medications		
4. Monitoring		
5. Preventing, detecting, and treating acute complications		
6. Preventing (risk reduction), detecting, and treating chronic complications		
7. Goal-setting and problem solving		
8. Psychosocial adjustment		
9. Preconception care, pregnancy, and gestational diabetes management		
10. Nutritional management		

Plan of Care:

Time Spent: __________**Minutes**

______________________________ **Date of Next Follow-up**

_______________________/_________ **Signature of Participant / Date**

_______________________/_________ **Signature of Instructor / Date**