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-7
(02-2016)

Diabetes Self-Management Training (DSMT) - Encounter Form

_____ 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**