<u>Diabetes Care Report</u>

To:		_ From:		
F:		F:		
P:		P:		
Dear:				
Please be advised that	your client			DOB:
Was seen at our Diabetes Education Program on:				
		MMM DD Y	YYY	
Please Forward Recent Lab Results				
□ FBS □ OGTT [] HgbA1C	d Profile	eGFR Crt B1	2
Key Consideration	s			
Appointment Inform	 nation			
Type of Appointment:		ollow Up Visit 🔲 Indiv	idual Session 🔲 Group	o Session
Type of Diabetes:		_		etes and Pregnancy
• •				• •
Seen By: RN RD Social Worker Other:				
Client's Primary Concern / Priority For Visit:				
Care Provided				
□ Diabetes Management (ie Healthy Eating, Being Active, Taking Medications)				
☐ Coping Skills Training ☐ Insulin Therapy: ☐ Initiated ☐ Follow Up Care ☐ Short Term Problem Solving (ie Hypoglycemia prevention and tx) ☐ Depression Screening				
☐ Blood Glucose Monito	oring		☐ Self Management S	Support
Other:				
Client Self Managen	nent Goal(s) (Speci	tic Goal or Action Plan)		
Follow Up Plan				
Tonow op Flan			П О О	
When:	In-Person	☐ Individual Sessio	n Group Session	☐ Phone ☐ Email
Health Care Professional (with designation):				
Signature:				Date:/_/
_				MMM DD YYYY
Health Care Profession	iai (with designation):			Date://
Signature:				

Central West Diabetes Regional Coordination Centre 30-Nov-