

DSMES Follow-Up Plan

Participant Name: _____ **Date:** _____

Recommendations: Dentist Foot Doctor Eye Doctor Quit Smoking Dietitian
 Flu Vaccination Pneumonia Vaccination Diabetes ID Support Group Social
Worker A1c Cholesterol HDL LDL Triglycerides Microalbuminuria

Ongoing Behavior Change Goal after Completion of the DSMES Class:

Specific behavior:

How will you maintain this behavior change?

How will the behavior change improve your health or quality of life?

Clinician's Signature

Credentials

Date

Follow-Up Assessment

What is one example of how you put into practice what you learned about diabetes in your class sessions?

What has changed in your diabetes care as a result of your DSMES class sessions?

Additional interventions/follow-up needed:

Clinician's Signature

Credentials

Date