

CES-CONTACT NOTE

Number of contact:

Patient Name: Patient ID # YOB: Date:

Current group: 400 group 3600 group Patient status*: Active Inactive Unreached

*Active: Patient is engaged in support activities Inactive: Patient is being contacted but not actively engaged in support activities

Unreached: Attempts are being made but patient has not been contacted

Type of contact	Place	Who initiated the contact	Duration
<input type="checkbox"/> Phone call <input type="checkbox"/> In person <input type="checkbox"/> Support Group	<input type="checkbox"/> Clinic <input type="checkbox"/> Community Specify: _____	<input type="checkbox"/> Compañero <input type="checkbox"/> Provider <input type="checkbox"/> Patient <input type="checkbox"/> Other Specify other: _____	<input type="checkbox"/> < 5 Min <input type="checkbox"/> 5 to 30 Min <input type="checkbox"/> >30 Min

Key behaviors AADE 7 Self-Care Behaviors	Focus of behaviors discussed	Status of goal/ behaviors discussed	Support Provided
Healthy eating	ND GI GD	NC C P DI CSD	<input type="checkbox"/> Emotional support <input type="checkbox"/> Encouragement or motivational support <input type="checkbox"/> Problem solving <input type="checkbox"/> New goal(s) set <input type="checkbox"/> Goal (s) review <input type="checkbox"/> Glucometer provided <input type="checkbox"/> Discount card provided <input type="checkbox"/> Personal needs: <input type="checkbox"/> Economic (ex: housing, employment) <input type="checkbox"/> Legal (ex: citizenship) <input type="checkbox"/> Social and health services (ex: eligibility) <input type="checkbox"/> Medication support program <input type="checkbox"/> Filling forms <input type="checkbox"/> Other: _____
Physical activity	ND GI GD	NC C P DI CSD	
Glucose monitoring	ND GI GD	NC C P DI CSD	
Medications adherence	ND GI GD	NC C P DI CSD	
Reducing risks	ND GI GD	NC C P DI CSD	
Problem solving	ND GI GD	NC C P DI CSD	
Healthy coping	ND GI GD	NC C P DI CSD	
Losing 10 pounds	ND GI GD	NC C P DI CSD	
	ND= Not discussed GI= General information discussed GD= Goal discussed	NC= Not considering C= Considering P= Planning to do it DI= Doing it CSD= Completed and still doing it	

Assistance and Diabetes Self-Management Next Steps

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| <input type="checkbox"/> To obtain an appointment: _____
<input type="checkbox"/> Referral to social services: _____
<input type="checkbox"/> Referral to other Alivio programs: _____ | <input type="checkbox"/> Registered or invited patient to DSME classes
<input type="checkbox"/> Registered or invited patient to DSM Continuing education classes
<input type="checkbox"/> Registered or invited patient to support group |
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Contact Attempts

#1 Date:	Time: AM/PM	Week day: Mon Tue Wed Thur Fri Sat	<input type="checkbox"/> Able to contact Pt. <input type="checkbox"/> NO If no: <input type="checkbox"/> No working # <input type="checkbox"/> Kept in person <input type="checkbox"/> Missed in person
#2 Date:	Time: AM/PM	Week day: Mon Tue Wed Thur Fri Sat	<input type="checkbox"/> Able to contact Pt. <input type="checkbox"/> NO If no: <input type="checkbox"/> No working # <input type="checkbox"/> Kept in person <input type="checkbox"/> Missed in person
#3 Date:	Time: AM/PM	Week day: Mon Tue Wed Thur Fri Sat	<input type="checkbox"/> Able to contact Pt. <input type="checkbox"/> NO If no: <input type="checkbox"/> No working # <input type="checkbox"/> Kept in person <input type="checkbox"/> Missed in person

Letter sent Date letter sent: ____/____/____

#4 Date:	Time: AM/PM	Week day: Mon Tue Wed Thur Fri Sat	<input type="checkbox"/> Able to contact Pt. <input type="checkbox"/> NO If no: <input type="checkbox"/> No working # <input type="checkbox"/> Kept in person <input type="checkbox"/> Missed in person
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Unable to contact patients after letter and fourth attempt

Next support contact date: ____/____/____ Time: ____:____ Patient is willing to participate in UNC evaluation survey

Comments:

CES-Health Educator: