

Meeting date and time: ..... Group location: .....

Peer Leader Name (s): ..... Duration of meeting: ..... minutes

Members attending: *(initials sufficient)*

<b>Topics covered in meeting (tick all that apply)</b>			
<i>Content</i>	✓	<i>Content</i>	✓
Action planning		Advocacy	
Assessing risks		Coping skills	
Emotional Issues		Foot care	
Goal setting		Healthy Eating	
Health literacy		Linkage with other health professionals	
Listening/supporting/problem solving		Meeting details	
Motivation		Negotiating your clinical care	
Physical activity		Practical diabetes management (eg measuring glucose, illness)	
Referral to DA-Vic Infoline/resources		Referral to other resources/websites (specify below)	
Sexual health/issues		Social Issues (eating out/celebrations etc)	
Taking medication		Other - specify	
Other - specify		Other - specify	

**Notes/comments regarding contact: Specific questions, need for follow up, need to ask support team**

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