

Patient Interaction Log (ONE form for ONE patient)

Coach's Name (first name only):

Patient's Name (first name only):

When did you see/talk to the patient?

____ / ____ / 2010
(Month/Day)

About how long did you see/talk to the patient? (check only one)

- Less than 15 minutes
- 15-30 minutes
- More than 30 minutes

What did you talk about?

(check ALL the things you talked about)

- Medications
- Food
- Exercise
- Stress
- HbA1c
- Blood Pressure
- LDL Cholesterol
- Weight

How did you talk?

(check only one)

- Phone
- Individual Meeting
- Doctor Visit
- Group Meeting

Did you do med-rec?

(check only one)

- Yes
- No

Did you make an action plan?

(check only one)

- Yes
- No

Do you have travel expenses related to this encounter?

- Working with the provider
- Using the clinic/resources at the clinic
- Other (this can be family, employment, etc.)
Please describe:

- Yes **Cost?**
- No