## Patient Encounter Documentation Form for eCare Planning



Patient Encounter Documentation Form for eCare Planning  Patient Encounter Documentation Form for eCare Planning			
Patient Name:	DOB:	Patient Name:	DOB:
Encounter Reason	Date Identified:	Encounter Reason	Date Identified:
☐ Medication synchronization	☐ Diabetes Medication Review	☐ Medication synchronization	☐ Diabetes Medication Review
Assessment of risk of type 2 diabetes mellitus	☐ Initial diabetic assessment	☐ Assessment of risk of type 2 diabetes mellitus	☐ Initial diabetic assessment
☐ Follow-up diabetic assessment		☐ Follow-up diabetic assessment	
Medication-Related Problems	Date Identified:	Medication-Related Problems	Date Identified:
☐ Deficient knowledge of disease process		☐ Deficient knowledge of disease process	
☐ Noncompliance with medication regimen		☐ Noncompliance with medication regimen	
Interventions	Date Resolved:	Interventions	Date Resolved:
☐ Hemoglobin A1c measurement		☐ Hemoglobin A1c measurement	
☐ Blood glucose monitoring		☐ Blood glucose monitoring	
☐ Med Sync or synchronization of repeat medication		☐ Med Sync or synchronization of repeat medication	
Notes:		Notes:	
A1c:	Results Date:	A1c:	Results Date:
Blood Glucose:	Results Date:	Blood Glucose:	Results Date:
Patient-reported Prescriber		Patient-reported Prescriber	
Patient Encounter Documentation Form for eCare Planning		Patient Encounter Documentation Form for eCare Planning	
Patient Name:	DOB:	Patient Name:	
Encounter Reason	Date Identified:	Encounter Reason	Date Identified:
☐ Medication synchronization	☐ Diabetes Medication Review	☐ Medication synchronization	☐ Diabetes Medication Review
☐ Assessment of risk of type 2 diabetes mellitus	☐ Initial diabetic assessment	☐ Assessment of risk of type 2 diabetes mellitus	☐ Initial diabetic assessment
☐ Follow-up diabetic assessment		☐ Follow-up diabetic assessment	
Medication-Related Problems	Date Identified:	Medication-Related Problems	Date Identified:
☐ Deficient knowledge of disease process		☐ Deficient knowledge of disease process	
☐ Noncompliance with medication regimen		$\hfill \square$ Noncompliance with medication regimen	
Interventions	Date Resolved:	Interventions	Date Resolved:
☐ Hemoglobin A1c measureme	nt	☐ Hemoglobin A1c measurement	
☐ Blood glucose monitoring		☐ Blood glucose monitoring	
☐ Med Sync or synchronization of repeat medication		☐ Med Sync or synchronization of repeat medication	
Notes:		Notes:	
A1c:	Results Date:	A1c:	Results Date:
Blood Glucose:	Results Date:	Blood Glucose:	Results Date:
Circle one for the lab value:  Patient-reported Prescriber-reported Pharmacy-reported		Circle one for the lab value:  Patient-reported Prescriber-reported Pharmacy-reported	