Patient Encounter Documentation Form for eCare Planning

FtP

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Patient Name:_____ DOB:_____

Encounter Reason   Date Identified:_____

☐ Medication synchronization   ☐ Diabetes Medication Review

☐ Assessment of risk of   ☐ Initial diabetic assessment
   type 2 diabetes mellitus

☐ Follow-up diabetic assessment

Medication-Related Problems   Date Identified:_____

☐ Deficient knowledge of disease process

☐ Noncompliance with medication regimen

Interventions   Date Resolved:_____

☐ Hemoglobin A1c measurement

☐ Blood glucose monitoring

☐ Med Sync or synchronization of repeat medication

Notes:

A1c:_____   Results Date:_____

Blood Glucose:_____   Results Date:_____

Circle one for the lab value:

Patient-reported   Prescriber-reported   Pharmacy-reported

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