8. IHS PCC+ MNT Diabetes Template

«hdr» «timestamp» «provider»

Clinic Code: A1 98 67 Appointment ____ Walk-in____

«h1»	«h11»
«h2»	«h12»
«h3»	«h13»
«h4»	«h14»
«h5»	«h15»
«h6»	«h16»
«h7»	«h17»
«h8»	«h18»
«h9»	«h19»
«h10»	«h20»

Chief Complaint & Visit Plan

S/O

TIME	Initials		

Vital Signs & Measurements

BP	Ht
Current Wt	Usual Wt
Glucose FBS/RBS	Waist Circum M<40" F< 35"
BMI (<25)	Environmental Tobacco

	Never	Now	Past
ETOH			
Tob			

Labs

Lab/ Date	Result	Target	Trend ↑ ↓ →	Lab/ Date	Result	Target	Trend ↑ ↓ →	Lab/ Date	Result	Target	Trend ↑ ↓ →
Glucose		*a meal 80-120 p meal 100-160 HS 100-140*		Creat		*Ref Lab*		HDL		*M>45 F>55*	
A1c		*< 7%*		Hgb/HCT MCV		*Ref Lab*		LDL		*<100*	
UA/Prot.		*Negative*		Chol		*<200*		Ketones			
M/Alb		*<30*		TRIG		*<150*		Other			

24 Hour Recall	Time	Foods Eaten/Amount	Totals for the Day: Date:
Breakfast			Kcal (estimated)
Snack			g CHO Total
Lunch			g CHO/Meal
Snack			g CHO/Snack
Dinner			% fat
Snack			g fat total

Food Allergies

Allergies	«a1»	«a2»	«a3»	«a4»	«a5»

	Active Medications (15 most Recent) & New Prescriptions Q=Qty R=Refill C=Chronic	Q	R	C
	=Refill Δ =Change Write Controlled Subs & Changes on bottom			
	«md1»			
	«md2»			
	«md3»			
	«md4»			
	«md5»			
	«md6»			
	«md7»			
	«md8»			
	«md9»			
	«md10»			
	«md11»			
	«md12»			
	«md13»			
	«md14»			
	«md15»			
	Nutritional Supplements			
	Herbs/OTC			

Patient Information	
Family Hx DM:	
Type of Work:	
Schedule:	
Last grade completed	
Pt/Family Food Preferences	
Who/Where Shops:	
$ for Food	
Who Prepares:	
Special Occasion:	
Dining/Take Out:	
Freq Eat Out:	
SMBG	
BG Pre-meal Range:	
BG Post-prandial Range:	
BG Bedtime:	
Frequency ↑↓ BS: No. of Episodes:	
Awareness of BS goals:	
Physical Activity	
Limitations: Clearance:	
Phys. Activity Pattern:	
Barriers to Learning	✓
No Barriers	
Doesn't Read English	
Interpreter Needed	
Cognitive Impairment	
Fine Motor Skills Deficit	
Hearing	
Sight	
Other	
Learning Preference	✓
Talk	
Video	
Small Group	
Read	
Do/Practice	
Other	
Readiness to Learn	✓
Receptive	
Unreceptive	
Rushed	
Other	
Complicating Conditions	✓
HTN	
Dyslipidemia	
Nephropathy	
Neuropathy	
Other	

«agesex»
DOB: «dob»

Community: «community»
«patient»

3rd Party: «b27»

«timestamp»
Chart#«chart»

Diabetes MNT

(8. IHS PCC+ MNT Diabetes Template –continued)

«hdr» «timestamp» «provider»

MNT Goal	Clinical Goals/Outcome	Behavioral Goals/Outcomes
Kcal		
g CHO Total		
g CHO/Meal		
g CHO/Snack		
g Fat Total		

Intervention/Education ♦ D = Discussed R = Reinforced / Reviewed √ = Outcome Achieved N/A = Not Applicable RE = Refused Education

♦	Topic	♦	Topic	♦	Topic	♦	Topic	♦	Topic
	Nutrition goals		States sick day goals		Health cooking		Food records		
	Exchanges		Manages s/s hypoglycemia		Selects well if eating out		SMBG / Records		
	CHO counting		Accurately read labels		Participates in exercise		Intensification		
	Meal spacing/timing		Modifies recipes ↓ fat, SFAT		Alcohol		Food/Drug Interaction		
	Portions/consistency		Modifies recipes ↓ Na		Smoking cessation		Δ Meds / food for exercise		

A / I / R	ICD-9	Active Problems & POVs
	«p1c»	«p1»
	«p2c»	«p2»
	«p3c»	«p3»
	«p4c»	«p4»
	«p5c»	«p5»
	«p6c»	«p6»
	«p7c»	«p7»
	«p8c»	«p8»
	«p9c»	«p9»
	«p10c»	«p10»
	«p11c»	«p11»
	«p12c»	«p12»
	«p13c»	«p13»

A / I	ICD-9	ICD-9 Pick List	A / I	ICD-9	ICD-9 Pick List
	250.xx	Type ____ Diabetes Controlled		«d5c»	«d5»
	250.xx	Type ____ Diabetes Uncontrolled		«d6c»	«d6»
	250.xx	DM Complications (list)		«d7c»	«d7»
	xxx.xx			«d8c»	«d8»
	xxx.xx			«d1c»	«d1»
	xxx.xx			«d2c»	«d2»
	401.x	HTN: Benign Malignant		«d3c»	«d3»
	272.x	Lipid Disorder (list)		«d4c»	«d4»
	xxx.xx			«d9c»	«d9»
	«d1c»	«d1»		«d10c»	«d10»
	«d2c»	«d2»		«d11c»	«d11»

A / I	Additional Purpose of Visit	Plans / Instructions / Appointments / Referrals
Notes for problem:	Remove Note:	
Notes for problem:	Remove Note:	RTC: APPT LENGTH:

Patient Education (Document in Each Category)

Diagnosis or Code	Topic	Understanding	Time (min)	Provider	Behavioral Goal (Comments)	Receptivity*	Adherence*
DM, HTN, LIP	MNT	G F P Group Refused				1 2 3 4 5	1 2 3 4 5
		G F P Group Refused				1 2 3 4 5	1 2 3 4 5
		G F P Group Refused				1 2 3 4 5	1 2 3 4 5
Tobacco	Quit	G F P Group Refused				1 2 3 4 5	1 2 3 4 5

* Demonstrated: 1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Consistently

X	CPT	Description	Time w/ Pt.	MNT Charge/Billing Information (if applicable):		
	97802	1st MNT Individual, Unit = 15 Min.		Referral Date (s):		
	97803	F/U MNT Individual, Unit = 15 Min.		Referred by:		
	97804	Group MNT (2 or more) Unit = 30 Min.		MNT Provider:		
		MNT, Second Referral , Same Year			Cumulative time with pt. (this referral/ MNT limit)	
	G0270	MNT, Individual, Unit = 15 Min.		Visit #:	Initial Episode of care (1st 12 mo.)	/3hrs
	G0271	MNT, Group, Unit = 30 Min.		Visit #:	2nd referral, same years	/__hrs
				Visit#:	Subsequent year followup	/2hrs

Time in:_____ Time out:_____

«agesex»
DOB: «dob»

Community: «community»
«patient»

3rd Party: «b27»
«timestamp»
Chart#«chart»

Provider Signature

Diabetes MNT