Appendix B

Telehealth Diabetes Screening/Assessment

Initial ( ) Re-Assessment ( ): _____Mths _____Yrs in Program
Provider Goals (on original consult):_____________

**Record Review:**
- Date/result of last A1C_____________________________________ (if > 1y, view alert PACT)
- Date last lipid panel_______________________________________ (if > 1y, view alert PACT)
- Date of last microalbumin_______________________________(if > 1y, view alert PACT)
- Date of last eye exam_____________________________________(if > 1y, view alert PACT)
- Date of last foot exam____________________________________(if > 1y, view alert PACT)
- Date of last provider apppt_________________________________(if > 1y, view alert PACT)
- Date of last flu vaccination __________________________ (if not current in last yr, provide information)
- Date of pneumonia vaccination _____________________________(if not done refer to PACT)

**Diabetes Management Assessment:**
- **A1C progressively increasing:**
  - N ( )  Y ( ), offer: ____Diabetes Class
  - ____PACT Diabetes Support Group
  - ____Pharm D Management

  **Comments/Plan:**

- **BP average above 140/80:**
  - N ( )  Y ( ), offer ____ PACT/BP check
  - ____ Nutrition Class
  - ____ MOVE Group
  - ____ HTN printed material

  **Comments/Plan:**

- **Concerns regarding medication administration/compliance:**
  - N ( )  Y ( ), offer: ____ PACT for Med Reconciliation
  - ____ Pharm D Management

  **Comments/Plan:**

- **Concerns regarding meal plan:**
  - N ( )  Y ( ), offer: ____ Dietary Referral
  - ____ Printed Material on Meal Plan
  - ____ My HealtheVet (Healthy Living Centers tab)

  **Comments/Plan:**

- **Concerns regarding weight loss/exercise:**
  - N ( )  Y ( ), offer: ____ MOVE Group
  - ____ TeleMove
  - ____ Dietary Referral
  - ____ PACT Diabetes Support Group

  **Comments/Plan:**
Concerns regarding anxiety, sadness, anger, stress management:

N ( ) Y ( ), offer: ____Mental Health
____PCMHI
____TAP Line (1-800-929-7690)
____VA Crisis Line (1-800-273-8255)
____Vet Center

Comments/Plan:

Desire for Smoking Cessation:

N ( ) Y ( ), offer: ____PACT Team
____CVT Smoking Cessation

Comments/Plan:

Concerns regarding finances or housing:

N ( ) Y ( ), offer: ____ Social Work

Comments/Plan:

Desire for Advance Directives:

N ( ) Y ( ), offer: ____ Social Work

Comments/Plan:

Enrolled in My HealtheVet:

N ( ) Y ( ), offer: ____ Telehealth Service

Comments/Plan:

Goals:
Vet’s identified diabetes concerns:
1) 
2)

Diabetes Goals (based on vet’s diabetes concerns).
1) 
2)

Vet verbalized understanding & agreement with goals  N ( )  Y ( )
Comments: