Auditor Education Record Chart Review Form **Data Period or Current Operations**

Use the following checklist to review at least one patient record of each program component (1:1 or group) to ensure that each element is included. A minimum of 5 charts from the data period and 5 current charts must be reviewed. If you have more than 6 patient records to review, initiate a second sheet.
Place a ✓ in the box to indicate if an item is present and leave the space blank if the item is not present. The coordinator may point out to you the location of an item if it is not clearly evident.

Documentation in permanent record:	Patient record #1	Patient record #2	Patient record #3	Patient record #4	Patient record #5	Patient record #6
Program component (please write component in the space provided i.e. Individual, Group):						
1. Provider referral						
2. Participant assessment: • Clinical: Relevant medical history, diabetes history						
• Cognitive: Functional health literacy, Age, Self-management skills and diabetes-related behaviors based on the 9 content areas:						
- Describing the **diabetes disease process** and treatment options						
- Incorporating **nutritional management** into lifestyle						
- Incorporating **physical activity** into lifestyle						
- Using **medications** safely (if applicable)						
- Monitoring blood glucose and other parameters; interpreting and using results						
- Preventing, detecting and treating **acute complications**.						
- Preventing, through risk reduction behaviors, detecting, and treating **chronic complications**						
- Developing personalized strategies to address **psychosocial issues** and concerns						
- Developing personalized strategies to **promote health and behavior change** (goal setting, behavior change strategies aimed at risk reduction e.g. preconception care, etc.)						
• Psychosocial and self care behaviors: (i.e., cultural influences, health beliefs, health behavior, lifestyle practices, support systems, barriers to learning, relevant socioeconomic factors, experience and behavior change potential)						
3. Education Plan based on assessment including:						
• Patient selected behavioral goal/objective (at least one)						
4. Summary of education intervention: • Date						
• Content taught						
• Name of instructor						
5. Evaluation of Learning, including • progress toward/or achievement of behavioral objectives and related outcomes						
6. Diabetes Self Management Support Plan (DSMS)						
7. Evidence of Communication with referring provider, including • DSMS plan an • Additional education needs if applicable						