Ontario

Ministry of Health
and Long-Term Care

MedsCheck

Diabetes Education Checklist

This document represents a list of the different subjects including insulin education if applicable to be covered during MedsCheck diabetes education sessions; and should be addressed according to the patient's needs, learning capabilities and the pharmacist availability. This education is considered specialty training. Pharmacists providing this service are required to have adequate knowledge of diabetes education through a professional program that is CCCEP approved or a Certified Diabetes Educator designation.

Note** - See glossary for terms

Patient Information

Last Name		First Name	
Gender	Date of Birth (yyyy/mm/dd)	Health Card Number	Telephone Number

Date Patient Signed Annual Acknowledgement Form (yyyy/mm/dd)

Caregiver/Patient's Agent Information

Last Name	First Name
Telephone Number	Email Address

Primary Care Provider

Last Name		First Name
Telephone Number	Fax Number	Email Address

General Information

Stage of readiness for change

Identify Patient's Goals

My Goals (information placed here - to be added to Patient Take-Home Summary)

Insulin use ◯Yes ◯No

Oral Hypoglycemic Medications ◯Yes ◯No

Pharmacists Comments on Drug Therapy

☐HbA1C*

☐BP* (today's average)

☐FPG*

☐TC HDL ratio LDL HDL TG

☐Physical Activity min/week

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☐Weight Height Waist circumference BMI*

☐Cognitive function/learning impairments

☐MedsCheck for Diabetes (Annual) available for review (attached)

☐DTP identified and resolved (as per MedsCheck Diabetes (Annual) if applicable,)

☐Tobacco ◯Yes ◯No cig/day

☐Smoking cessation offered

☐Alcohol/recreational drugs Frequency of use

☐Dietary concerns

☐Other (Specify)

General Diabetes Education – Lifestyle / Health & Wellness

☐Management of Medications (Rx and OTCs / herbals / vitamins)

☐Foot care discussion

☐Screening for DN*

☐Foot condition/ulcers

☐Proper shoe fit

☐BP* monitoring

☐CV* and other risk factors

☐Mental health assessment

☐Erectile dysfunction/ sexual health

☐Lifestyle:

- ☐Diet
- ☐Stress Reduction
- ☐Exercise

☐Eye health and reminder of yearly eye exam

☐Dental hygiene

☐Immunizations:

- ☐Influenza
- ☐Pneumococcal vaccine
- ☐Other (Specify)

☐Driving guidelines

☐Travelling with diabetes

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Self-Monitoring of Blood Glucose – Blood Sugar Management

- ☐ Meter training
- ☐ Testing frequency and Optimal schedule
- ☐ Recording of results (logbook given)
- ☐ Identification of patterns
- ☐ Prevention, Identification and Treatment of hypoglycemia
- ☐ Proper medication/supplies handling
- ☐ Training on use and disposal of diabetes supplies (needles, lancets)
- ☐ Sick Days Management and Ketones Testing
- ☐ Individualized BG* targets
- ☐ Other (Specify)

Specialty Training

- ☐ Insulin types/ duration of action
- ☐ Pen/ syringe handling
- ☐ Site preparation and inspection
- ☐ Injection training for GLP-1*
- ☐ Proper injection technique / site rotation
- ☐ Patient demonstrated use
- ☐ Dosage adjustments (BG* patterns management)
- ☐ Missed or skipped doses/ timing of injections
- ☐ Review of carbohydrate counting
- ☐ Emergency and sick day management
- ☐ Alcohol/ recreational drugs/ tobacco and insulin
- ☐ Updated Insulin Regimen:

Type	am	noon	supper
Type	HS	Other	

- ☐ Other (Specify)
- ☐ Other complications discussed

Resources Provided

- ☐ Diabetes Passport (record of important lab tests)
- ☐ Sick days management plan
- ☐ After hours support/ contact information
- ☐ Directory of local community resources
- ☐ Other material given to the patient

Resource Information to be added to Patient Take-Home Summary

Referrals and Reason

- ☐ Endocrinologist
- ☐ Primary care physician
- ☐ Dietitian
- ☐ Nurse

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☐Family pharmacist

☐Other

☐ Follow-up date (yyyy/mm/dd)

Purpose

Referral Information to be added to Patient Take-Home Summary

Summary and Goals

Summary of Today's Discussion

Summary of Discussion to be added to Patient Take-Home Summary

Reaching the Goal

Prepared By

Pharmacist Full Name (Last Name, First Name)

OCP Number	Date of Diabetes Education (Diabetes Education is billed on the day of the consultation) (yyyy/mm/dd)
Appointment Time	Date Diabetes Education Documentation Completed (yyyy/mm/dd)

☐Copy of this record sent to

Glossary

* CV= cardiovascular DN- diabetic neuropathy OTC= over-the-counter Rx = prescription BP= blood pressure HbA1C= hemoglobin A1C BMI= body mass index BG = blood glucose FPG= fasting plasma glucose DOB=date of birth GLP-1= Glucagon-like peptide-1 TG=triglyceride DTP = drug therapy problem TC= total cholesterol HDL or LDL= high or low density lipoprotein

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