

Shared Care Community Clinic (SCCC) Clinic Evaluation

Practice:		Practice Nurse:	
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Today's date:		Diabetes Educator:	
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Learning Session:	<i>Scribe: Attendees, Case Studies, Topic Discussed, other comments</i>			<u>Activity Score</u> 0-1 Low physical activity (L) 2-4 Nearly there (N) >5 Active (A)
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No.	Time	Attend / DNA	Pt ID - initials <i>Prac/GP/Pt/ Birth yr</i>	GP	New/ Review	Type	Complex- ity	BP	Hb A1c	Chol	BMI	Exer L, N, A	Diabetes Medication	Rx <i>i.e. Med, LS, F/U, other</i>	ASS Ref	Next Appt	MBS Claim
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	