

Shared Care Community Clinic (SCCC) Pre-Clinic Evaluation

Practice Name:							Practice Nurse:					
Today's date:							Diabetes Educator:					
No.	Time	Pt ID - initials <i>Prac/GP/Pt/B yr</i>	GP	PIH Scale	Consent	Screen & Investigations complete (ACOC)	Other <i>i.e. ECG, ABI, NDSS</i>	GPMP / TCA	2/52 plan <i>BGL, CDSM</i>	Next Appt	MBS Claim	
1												
2												
3												
4												
5												
6												
7												
8												