

**Medical Assistant Self-Management Cycle
Check off List**

St. Peter Family Practice
525 Lilly Road NE Olympia, WA 98506
(360) 493-7230, 1-800-410-6641 fax (360) 493-4180

Medical Assistant: _____ **Date:** _____

TASK	REVIEWED	PERFORMED	COMPETENT
<p>Initial Phone Call:</p> <p>Introduced Planned Visit Introduced Idea of Self-Management Scheduled appointment with PCP for Follow- up.</p>			
<p>Planned Visit:</p> <p>Standing Order Form (PCP to sign first) Vitals Foot checks Labs Referrals Immunizations Set Self-Management Goal Give Example: What : _____ Where: _____ How Long: _____ When: _____ Score: _____</p> <p>Call Back Card done</p>			
<p>Data Input-CDEMS</p>			
<p>Provider Visit Form</p>			
<p>Data Input See copy of Provider Visit Form Input new goals Medication changes</p>			
<p>Two Week Call Back Check on patient's goals Redefine, Change, & Encourage patient to continue with goal</p>			

Reviewed & completed by: _____