



**Full Circle  
Diabetes  
Program**

**NATIVE AMERICAN COMMUNITY CLINIC  
CASE MANAGEMENT INTAKE FORM**

Client Sticker:

Date: \_\_\_\_\_

Patient Priority	Case Mgmt Priority	Physical	Action	Date Completed
		A1c		
		BP		
		Lipids		
		Eye		
		Foot		
		Dental		
		Kidney		
		Heart / EKG		
		Immunizations		

Patient Priority	Case Mgmt Priority	Behavioral	Action	Date Completed
		Food Plan		
		Exercise Plan		
		Smoking		
		BG Testing		
		Goal Setting		
		Other:		

Patient Priority	Case Mgmt Priority	Emotional	Action	Date Completed
		Depression		
		Stress / Coping		
		MD Relations		
		Community Support		
		Mental Health		
		Other:		

Patient Priority	Case Mgmt Priority	Access	Action	Date Completed
		Health Insurance		
		Medication Access		
		Access to Resources		
		Other:		