

Patient Checklist

Patient Name:	
Patient DOB:	
	ACTION ITEMS
	atient meets eligibility criteria. See <u>Checklist for Running & nalyzing Patient Lists</u> . Patient has diagnosis of diabetes. Patient is at risk for diabetes.
	atient's primary care provider (PCP) approves patient articipation.
P	atient invited to participate.
P	atient receives 'Patient Info Sheet' & 'Patient Agreement Form.'
Pa	atient accepts invitation to participate.
O Pa	atient signs 'Patient Agreement Form.'
O Pa	atient is scheduled for a <i>Healthy Together</i> Start-Up Visit.
P ?	Patient signs 'Patient Agreement Form,' if not already done. Patient registers for Healthy Together in Wellocity. Patient completes pre-program screening questionnaires in Wellocity. Patient is trained to navigate Wellocity and how to log their data. Patient is assisted with community resources, as needed. Patient is provided with Patient Care Kit tools, and is trained to use them. Patient completes baseline measurements: Height Weight Blood Pressure A1C (within the past 3 months)

