Healthy Hearts for Marylanders

Intervention Log Template

				Who is involved in the intervention? Place an "x" for all that apply.														What types of communication sources are used? Place an "x" for all that apply										
Intervention(s) *(List each intervention for managing individuals with diabetes) One intervention per row please.*	Site Name	Intervention Start Date	Outcome Effect	Pt	Family	MD/DO	APN/PA	RN	LPN	MA	Nutr.	CM	Pharm	SW	BH	Dental	Spec. *(List specialty types)*	Other *(Please Specify)*	1-2-1	Mail	Fax	Email	Mobile Tech	Web	Grp Visit	EMR	Home Visit	Registry or Tracking Log	Other *(Please specify)*
Example: Pharm D meets with diabetes patients to discuss medication compliance	FHC- Both		All	x									x						x										
Example: Patients are referred to a nutritionist	FHC- Both		All	x							x								x										
	Select One		Select One																										
	Select One		Select One																										
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