

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

St. Peter Family Practice
525 Lilly Road NE Olympia, WA 98506
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Medical Assistant: _____ **Date:** _____

TASK	REVIEWED	PERFORMED	COMPETENT
Initial Phone Call: Introduced Planned Visit Introduced Idea of Self-Management Scheduled appointment with PCP for Follow- up.			
Planned Visit: 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: _____ Call Back Card done			
Data Input-CDEMS			
Provider Visit Form			
Data Input See copy of Provider Visit Form Input new goals Medication changes			
Two Week Call Back Check on patient's goals Redefine, Change, & Encourage patient to continue with goal			

Reviewed & completed by: _____

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