

Diabetes Self-Management Program Provider Feedback Form

I was referred by my provider.

My Name _____ Today's Date _____

Dear Health Care Provider,

I want to let you know that I have been attending the **Diabetes Self-Management Program (DSMP)** class to help me better manage my own health. Today I am in my 5th class of the 6 weekly sessions and I am sending you my thoughts about my chronic conditions, taking care of myself, my goals and my action step.

What I have learned about my health is:

I didn't know that my chronic condition was affected by:

The things I do now that have helped me the most to manage my chronic conditions are:

My Action Plan for the next six months is:

Long term goal:

Specific action step:

How much/often? _____ When? _____

Confidence Level (0-10): ____



Program provided by the Missouri Arthritis and Osteoporosis Program (MAOP) Regional Arthritis Centers (RAC). Visit our website at www.moarthritis.org to learn more about additional courses!

NOTE to DSMP Participant: So you may continue your health action planning at your next appointment, please take a copy of this letter to your provider. Or, we can forward this letter to your provider if you give us his/her contact information.