

# PLANK 5

## TOOL: 5As Encounter Form (Mercy Clinics, Inc.)

### MERCY CLINIC 5AS ENCOUNTER FORM – SELF-MANAGEMENT EDUCATION

**Assess** patient's knowledge, beliefs, behaviors, and clinical data.  
*Does patient have the desire to change behavior?*  Yes  No

**Advise** about health risks and benefits of change – consider health literacy.  
**Topics Discussed:**  Diet  Exercise  Smoking  Other

**Agree** on a goal based on patient priorities.

\*Patient Goal: \_\_\_\_\_

**Assist** to develop a personal action plan.

1. Specific behavior changes
2. Identified barriers (i.e., depression)
3. Options to address barriers
4. Follow-up plan – *When:* \_\_\_\_\_ *How:*  Phone *Other* \_\_\_\_\_

Educator Signature: \_\_\_\_\_

**Arrange** to contact the patient between visits.

\* Follow-up Contact: Completed on – Date: \_\_\_\_\_

1. Results of behavior changes
2. Barriers encountered
3. Options to address barriers

Follow-up plan – *When:* \_\_\_\_\_ *How:*  Phone *Other* \_\_\_\_\_

Follow-up Signature: \_\_\_\_\_

\*Required to bill insurance company

