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