

ADHERENCE EVALUATION (Optional 3 Monthly)

To Health Assessment Prescription or Care Plan Consent & Prescription

Provider Name		eProvider No	
Patient Name		Patient ID No	
Care Plan No		Date	_ _ / _ _ / _ _

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| Plan reviewed | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Daily diary reviewed | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Health promotion material obtained | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Adherence Ratings Guide followed | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Care Plan Provider No as per Form 5 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Health Promotion Activity – Adherence to Prescription Care Plan Provider Activity – Adherence to Prescription

		poor	fair	average	good	excellent
1	Physical Activity					
2	Relaxation – Yoga T'ai Chi					
3	Meditation					
4	Health Education – book, magazine					
5	Health Education – audio, video, internet, health literacy					
6	Stress reduction					
7	Diet – fruit/vegetables					
8	Diet – chicken/fish					
9	Alcohol					
10	Tobacco					
11	Other – please list					
CARE PLAN ADHERENCE						
NO	PROVIDER					

For rating guidelines go to www.emedilab.com/Guidelines.html