


Appendix 1: The Simpler™ Pro forma A

Time: _____ _____		 Simpler™ Pro Forma A (to be used during doctor's appointment)				
Date: _____ _____						
		Patient RN: _____				
Gender	Age	Ethnic	Drug allergies	FHx of diabetes	Current social Hx	Other diseases
Medicines list: Current, regular, 'prn' (taken when necessary) medicines including prescription, non-prescription and complementary medicines						
Name		Dose			Frequency	
Statin/Cholesterol control						
Subjective & Objective observations: TC=_____mmol/L. TG=_____mmol/L. LDL=_____mmol/L. HDL=_____mmol/L						
Creatinine=_____micromoles/L CrCL=_____ml/min						
Interventions:						
Plan:						

Insulin/Glycaemic control

Subjective & Objective observations: HbA1c____%. FBG=____mmol/L.
RBG=____mmol/L. 2HoursPPG=____mmol/l No. hypoglycaemia like symptoms
since previous visit on____:____times
Hospital Admission on_____.

Interventions:

Plan:

Medication

Subjective & objective observations: Patient compliance assessed using 8-item
MMMAS. Score =____/8. See attached. Patient claims taking/not taking any
traditional medications.

Interventions:

Plan:

Blood pressure

Subjective & objective observations: BP=____mmHg.

Interventions:

Plan:

Lifestyle

Weight:	_____ kg	Height:	___ m	BMI:	_____ kgm ²	Waist Circumference:	_____ cm
Exercises:	___/mins___/day ___ week	Smoking:	_____ cigarettes ___ day ___ week k ___ month	Alcohol:	_____	standard drinks/day.	_____

Subjective & objective observations:
Patient does/does not follow plate model.

Interventions:

Plan:

Education

Subjective & objective observation: Patient compliance assessed using 8-item MMMAS. Score = _____/8. See attached.

Interventions:

Plan:


CVD Risk

Subjective & objective observation: Patient has _____% risk of CVD in Next 10 years-Framingham.

Interventions:

Plan:					
Signature:		Signature:		Signature:	
Name of Nurse:		Name of Pharmacist:		Name of Doctor:	
Ext:		Ext:		Ext:	

Appendix 2: The Simpler™ Pro forma B

Time: _____ _____ Date: _____ _____	 Simpler © Pro Forma B (Follow up form when patient has no doctor's appointment) Patient ID: _____ Visit No: _____ Patient RN: _____	
Medicines list (if different from previous visit): Current, regular, 'prn' (taken when necessary) medicines including prescription, non-prescription and complementary medicines		
Name	Dose	Frequency
Statin	Subjective observation: Intervention: Monitor:	
Insulin	Subjective & objective observation: include SMBG readings & no hypoglycaemic like symptoms BG Range: Breakfast: _____ mmol/L; 2hr post breakfast: _____ mmol/L; Lunch: _____ mmol/L; 2hr post lunch: _____ mmol/L; Dinner: _____ mmol/L; 2hr post dinner: _____ mmol/L; Bedtime: _____ mmol/L; Intervention: Monitor:	

Medication	<p>Subjective & objective observation: Patient compliance assessed using 8-item MMMAS. Score = __/8. State the questions patient showed low adherence. Patient claims taking/not taking any traditional medications.</p> <p>Intervention:</p> <p>Monitor:</p>
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BP	<p>Subjective & objective observation: BP= _____ mmHg</p> <p>Intervention:</p> <p>Monitor:</p>
Lifestyle	<p>Subjective observation: Patient does/does not follow plate model Waist circumference = _____ cm</p> <p>Smoking: __cigarettes __day __week __month.</p> <p>Alcohol= _____ standard drinks/day.</p> <p>Exercises: __/mins ____/day __week</p> <p>Intervention:</p> <p>Monitor:</p>
Education	<p>Subjective observation: Comment Patient knowledge of name, dose, frequency, indication and timing of medicine</p> <p>Intervention:</p> <p>Monitor:</p>

CVD Risk	Subjective & objective observation: Hospital admission on: _____ Intervention: Monitor:
Signature and name of Pharmacist:	