My Diabetes Plan

Patient Name: ______________________________ **Date:** _________________

Medical Clinic Phone #:

- WEIGHT -

Healthy BMI: <25	Overweight: 25-30	Obese: > 30	Morbidly Obese: > 40
Weight:	BMI:	Goal Weight:	Lose _____ lbs per month

- LABS AND EXAMS -

Long Term Blood Sugar (A1C)	Cholesterol	Blood Pressure
Last A1C: _______ **Current A1C:** _____	**Your risk%:** _______ Or LDL_______	**Your BP:** ______
How Often Is It Needed? Every 3-6 months	**Goal?** If >40yo on a statin □ **Statin not indicated**	**Goal?** Less than 140/90
Goal? Less than 7.0 or _____		
Blood Sugar Medications:	**Cholesterol Medications:**	**Blood Pressure Medicine:**

Foot Exam	Eye Exam	Kidney Health
Date:__________ **Pulse:**__________ **Skin:**___________ **Sensation:**______	**Date:** _________ **Results:** _______ **Next Exam:**____	**Date:** _______ **GFR:** ______ **Microalbumin ratio:** ______
How Often Is It Needed?	**How Often Is It Needed?**	**How Often Is It Needed?**
At least once per year	Every 2 years (if normal)	At least once per year
Goal? No sores, good sensation	**Goal?** No changes in vision	**Goal?** GFR>60 and Microalbumin less than 30

Immunizations	Tobacco Use	Heart Protection
□ **Flu** □ **Pneumonia** □ **Hepatitis B**	**ASH LINE 1-800-55-66-222**	□ **Aspirin 81mg daily** *if risk is >10% □ **Not indicated**

- WEIGHT LOSS & PHYSIAL ACTIVITY GOALS-

Recommend Increasing Physical Activity ______ Times Per Week for _____ Minutes.

Eat Healthier: □ High Fiber, Low Carb

Other Notes and Plan:

- CHECKING YOUR BLOOD SUGAR -

Sugar Goal Before Breakfast: 80-130		**Sugar Goal 2 Hours After Eating:** Less than 180	
When Should I Test My Sugar?		**What Days Should I Test My Sugar?**	
□ Before Breakfast	□ 2 Hours After Breakfast	□ Everyday	□ 3 times a week
□ Before Dinner	□ 2 Hours After Lunch	□ Only when I feel sick	
□ Before Bed	□ 2 Hours After Dinner	□ Other: ___________________________________	

-BLOOD SUGAR LOG-

1. RECORD THE DATE, SUGAR VALUE AT THE APPROPRIATE TIME, AND INSULIN DOSE TAKEN
2.BRING YOUR LOG TO YOUR NEXT VISIT **3.**CALLTHE CLINIC IF YOUR SUGAR IS REGULARLY LESS THAN **80**!

Date	Breakfast		Lunch		Dinner		Bedtime
	Before	After	Before	After	Before	After	
Comments:							
Comments:							
Comments:							
Comments:							
Comments:							