

Your Diabetes Care and Management Plan Summary

YOUR NAME: _____

Your Diabetes Tests and Targets

Work with your diabetes care team to set targets together, based on your health care needs.

Test	How Often	Target Values	Date & Results	Date & Results	Date & Results	Date & Results
<i>Example: A1C Target</i>	<i>Every 3 to 6 months</i>	<i>6.5</i>	<i>6.8 9/20/20</i>			
A1C Target	Every 3 to 6 months					
Glucose – Fasting						
Glucose – 2 hours after eating						
Time in Range (TIR)						
Blood Pressure	Every clinic visit					
Cholesterol (lipid profile)	Every year					
Eye Exam	Every year					
Foot Exam	Every clinic visit					
Flu Shot	Every year					
Kidney Function (UACR or eGFR)	At least once a year					
Dental Exam	Every 6 months					

NOTES: _____

Your Current Medications

Medication Name	Date Prescribed	Dosage	Days of Week Taken	Time of Day Taken	Reason	New or Changed Medication?
<i>Example: Metformin</i>	<i>10/23/2020</i>	<i>500 mg</i>	<i>two times every day</i>	<i>with AM and PM meals</i>	<i>Manage blood glucose</i>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Changed
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NOTES: _____

Lifestyle Change Goals:

- Weight loss goal: _____
- Eating and nutritional changes: _____
- Physical activity—resistance training: _____
- Physical activity—aerobic training: _____
- Stop smoking

Referrals Recommended:

- | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Diabetes self-management education and support (DSMES) | <input type="checkbox"/> Endocrinologist (additional diabetes health support) |
| <input type="checkbox"/> Behavioral health specialist | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Medical nutrition therapy (MNT) | <input type="checkbox"/> Exercise specialist/physical therapist |
| <input type="checkbox"/> Social worker/therapist (emotional health) | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Eye doctor (optometrist or ophthalmologist) | <input type="checkbox"/> Vaccines/immunizations |
| <input type="checkbox"/> Cardiologist (heart health) | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Foot doctor (podiatrist) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Kidney doctor (nephrologist) | <input type="checkbox"/> Tdap |
| | <input type="checkbox"/> Zoster |
| | <input type="checkbox"/> COVID-19 |
| | <input type="checkbox"/> Other |

NOTES: _____
