American Diabetes Association®

OVERCOMING THERAPEUTIC INERTIA

Your Diabetes Care and Management Plan Summary

Your name:____

Your Diabetes Tests and Targets

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

Test	How Often	Target Values	Dates & Results	Dates & Results	Dates & Results	Dates & Results
Example: A1C target	*Every 3-6 months*	*7%*	*6.8% 9/20/23*			
A1C target	*Every 3-6 months*					
Glucose-fasting						
Glucose-2 hrs 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 (ACR or eGFR)	*Every year*					
Dental Exam	*Every 6 months*					

Learn more at professional.diabetes.org/TherapeuticInertia

Based on the *Standards of Care in Diabetes*—2024

Your Current Medications

Medication name	Date Prescribed	Dosage	Days of week taken	Time of day taken	Reason	New or changed
Example: Metformin	*10/23/2023*	*500 mg*	*two times per day*	*with am/pm meals*	*manage blood glucose*	☐ New ☐ Changed
						☐ New ☐ Changed
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NOTES:

Lifestyle Change Goals:

- ☐ Weight goal ______________________
- ☐ Eating and nutritional changes ______________________
- ☐ Physical activity (resistance training) ______________________
- ☐ Physical activity (aerobic training) ______________________
- ☐ Stop smoking ______________________

Referrals Recommended:

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

NOTES: ______________________

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Notes:

Use this space to:

1. Take notes during your diabetes care team visit.
2. Jot down questions for your doctor and care team.
3. List anything making it difficult for you to follow your diabetes plan.