


My Diabetes Action Plan


Patient Name _____ DOB _____ CHART # _____

| CURRENT A1C | A1C GOAL |
|--------------------|-------------------------|
| _____ | _____ |
| FASTING SUGAR | FASTING SUGAR GOAL |
| _____ | _____ |
| AFTER EATING SUGAR | AFTER EATING SUGAR GOAL |
| _____ | _____ |
| CURRENT BP | GOAL BP |
| _____ | _____ |


**EAT LESS CARBOHYDRATES
EAT MORE FRUITS & VEGETABLES
NO SUGARY DRINKS**



LESS




MORE



Food Plan: _____

TAKE YOUR MEDICINE EVERYDAY

USE A PILL BOX
 REMINDER ON CALENDAR





CHECK YOUR SUGARS


ONCE A DAY
 TWICE A DAY

THREE TIMES A DAY
 FOUR TIMES A DAY

BE PHYSICALLY ACTIVE







Activity _____

Minutes _____

Times per week _____