


# My Diabetes Action Plan


Patient Name \_\_\_\_\_ DOB \_\_\_\_\_ CHART # \_\_\_\_\_

CURRENT A1C	
_____	
SHORT TERM A1C GOAL	LONG TERM 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 \_\_\_\_\_