My Diabetes Action Plan

Patient Name _____ DOB _____ CHART # _____

A1C

☐ < 7% ☐ < 8%

FASTING SUGAR LESS THAN

☐ < 120 ☐ < 130

AFTER EATING SUGAR

☐ < 160 ☐ < 180

BLOOD PRESSURE LESS THAN

☐ 140/90 ☐ 130/80

EAT LESS CARBOHYDRATES
EAT MORE FRUITS & VEGETABLES
NO SUGARY DRINKS

Food Plan: _____

_____

_____

TAKE YOUR MEDICINE EVERYDAY

☐ USE A PILL BOX
☐ REMINDER ON CALENDAR
☐ _____

CHECK YOUR SUGARS

☐ ONCE A DAY ☐ THREE TIMES A DAY
☐ TWICE A DAY ☐ FOUR TIMES A DAY

BE PHYSICALLY ACTIVE

_____
Activity

_____
Minutes

_____
Times per week

Moses Lake & Quincy Community Health Centers

Current A/C _____

Current BP _____