

Name _____

Date _____

Diabetes Visit Summary

Treatment Goals:

Research has shown us that meeting these goals will cut down the damage diabetes can do to your body. You can prevent heart attacks, strokes, poor circulation, loss of vision, kidney failure ... and be healthy with your diabetes.

	Goal:	Date:	Your Results:	In goal?	Better?
HgA1c test (tells us your blood sugar control for the last 3 mos)	6.9 or lower do twice a year				
Home Blood Sugars					
Blood Pressure	130/80 or lower				
LDL Cholesterol:	100 or lower, yearly				
Exercise	30 min daily or more				
Diet					
Weight	BMI 18 - 25				
Tobacco? / Alcohol?	none / 0 to 1 a day				
Happiness	as much as possible				
Baby Aspirin	one daily				
Kidney Test	yearly				
Eye Exam	yearly				
Foot Exam	twice a year				
Flu shot	yearly				
Pneumonia shot	two doses				
See Dr. Wood	Every ___ mos				

Resources to learn more: Call 1-800-diabetes or go on line to www.diabetes.org

Hand outs and tools given: blood sugar log blood pressure log activity log diet log
 other

Plans:

Your goals for improving your health: _____

We worked on an action plan on the back

You felt confident in making these changes

Medicine changes: _____

See medication list

We reviewed a hand out on your new medication - please let me know if you have more questions.

Next appointment with Dr Wood _____

Other appointments: _____

Planned tests: _____ Lab slip given

Problem Solving Worksheet - My Action Plan

The problem: _____

Do you want to make a change?

I don't really need to. I'm considering making a change. I've been planning a change. I've already started it. I have before and need to get back to it.

The change I want to make: _____

Is the right work for you do be doing now?

1 2 3 4 5 6 7 8 9 10
not at all unsure maybe very sure absolutely

Possible solutions:

Pros:

Cons:

Possible solutions:	Pros:	Cons:

Choice of Solution: _____

Specifics: (when, how much, with whom, etc) _____

Things that might get in the way: _____

How to get past these issues: _____

Steps I plan to follow:

1) _____

2) _____

3) _____

How confident are you that you can reach this goal?

1 2 3 4 5 6 7 8 9 10
not at all unsure somewhat confident very confident absolutely confident

Follow up Plans: _____