**Practice Name**

**Address**

**City, State Zip**

**Phone & Fax**

**Patient Name:**

**Diabetes Self Care Action Plan**

We want you, the captain of your team, to take control of your diabetes by setting a self- management goal that you can reach. Discuss your goal with your healthcare team.

My Goal Is:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Action steps to accomplish this goal are:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Some Diabetes Self-Management action steps and examples are:

 1. Healthier Diet – eat more fruit and vegetables – eat more whole grains – eat more chicken, fish and beans – read food labels before buying.

C:\Users\mcesarone\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\39G0MHT8\MC900235179[1].wmf 2. Start Exercising – walk 10 minutes a day, 3 times a week – length of home 5 times daily.

3. Lose weight – eat less fried and snack foods – use liquid or soft tub margarine, olive, canola, corn or safflower oil – eat smaller portions – keep food log – eat my favorite high fat, high-sugar food only once a week.

C:\Users\mcesarone\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\39G0MHT8\MC900056125[1].wmf4. Checking your blood sugar at home – write down blood sugar in log twice daily for 2 weeks – find out why I need to check my sugars – ask a friend to hem me check my blood sugar

 5. Taking medications as prescribed - write down medicines, doses and reason taken – learn about how my medicines support my health – place my medicine somewhere I will see it and take it as required.

 6. Stop smoking – enroll in smoking cessation program, learn why smoking why I need to quit and why smoking will harm me – learn new skills and behaviors – get support and encouragement from my friends and family.

MC900365640[1] 7. Keeping follow up appointments with doctor, specialists, and nutritionist – review your medications – discuss any problems or changes in your condition or health – take your list of questions – review your action plan steps successes and road blocks – discuss any health educational needs you have regarding your condition.

C:\Users\mcesarone\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\3IKCW1F3\MC900154362[1].wmf8. Check my feet – learn how to check my feet and why I should check them – check my feet daily – wear shoes or slippers everywhere I walk - learn what foot problems I should tell doctor about.

Date Patient’s Signature

Date Physician Signature

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| --- | --- | --- | --- |
| Date | Progress Notes | Pt. Initials | PCP Initials |
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How likely are you to follow through with these activities before your next visit?

Circle One: Not likely 1 2 3 4 5 Very Likely