## **Diabetes Management Plan**

Date:		
Patient Name:		
Patient ID:	-	
Introduction		
This diabetes management plan is designated optimal health and well-being.	gned to help manage you	r diabetes effectively, ensuring
Goals		
<ul> <li>Maintain blood glucose levels v</li> <li>Prevent complications related to</li> <li>Promote healthy lifestyle choice</li> </ul>	o diabetes	
Monitoring		
Please check your blood sugar levels:		
<ul><li>Before meals:</li><li>After meals:</li><li>Before bedtime:</li></ul>	_ mg/dL	
Medication		
Your prescribed medications include:		
Medication Name:	Dosage:	Frequency:
Medication Name:	Dosage:	Frequency:
Diet		

Follow a balanced diet that includes:

- Whole grains
- Vegetables and fruits
- Lean proteins

• Healthy fats

## **Physical Activity**

Engage in regular physical activity such as:		
<ul> <li>Walking: minutes/day</li> <li>Strength training: times/week</li> </ul>		
Follow-Up Appointments		
Your next appointment is scheduled for:		
<b>Contact Information</b>		
If you have any questions or concerns, please contact:		
Clinic Name:		
Phone Number:		
Signature		
(Patient Signature)		