

Diabetes Management Plan for Insulin Users

Date: _____

Patient Name: _____

Patient ID: _____

Contact Information

Primary Care Physician: _____

Phone Number: _____

Insulin Regimen

Type of Insulin: _____

Dosage: _____

Frequency: _____

Blood Glucose Monitoring

Target Blood Glucose Range: _____

Check blood glucose levels: _____

Dietary Recommendations

Carbohydrate Counting Guidelines: _____

Meal Planning Strategies: _____

Physical Activity

Recommended Types of Exercise: _____

Frequency of Exercise: _____

Follow-Up Appointments

Next Appointment Date: _____

Lab Tests Required: _____

Emergency Information

Signs of Hypoglycemia: _____

Emergency Contact: _____

Signature of Healthcare Provider: _____