

Diabetes Management Plan

Date: _____

Patient Name: _____

Patient ID: _____

Dear [Patient Name],

We are pleased to inform you that you have been enrolled in our diabetes education sessions to assist you in managing your diabetes effectively. Here's your personalized diabetes management plan:

Goals:

- Maintain blood glucose levels within the target range.
- Achieve and maintain a healthy weight.
- Incorporate regular physical activity into your daily routine.

Education Sessions:

1. Introduction to Diabetes Management: Date & Time - _____
2. Nutritional Guidance and Meal Planning: Date & Time - _____
3. Monitoring Blood Glucose: Date & Time - _____
4. Exercise and Diabetes: Date & Time - _____

Important Reminders:

- Bring your blood glucose logbook to each session.
- Consult your physician before any medication changes.
- Reach out to our team for any questions or concerns.

We look forward to supporting you on your journey to better health.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]