

# Diabetes Care Coordination Plan

Date: [Insert Date]

To: [Patient's Name]

From: [Healthcare Provider's Name]

Subject: Diabetes Care Coordination Plan

Dear [Patient's Name],

We are committed to supporting you in managing your diabetes. This care coordination plan outlines the steps we will take together to ensure your health and well-being.

## Goals:

- Maintain blood glucose levels within target ranges.
- Promote healthy lifestyle choices including diet and exercise.
- Regular monitoring and follow-up appointments.

## Care Team Members:

- Primary Care Physician: [Name]
- Diabetes Educator: [Name]
- Dietitian: [Name]
- Podiatrist: [Name]

## Action Steps:

1. Schedule a follow-up appointment on [Date].
2. Participate in diabetes education sessions.
3. Complete blood tests as scheduled.

## Resources:

For additional support, please contact:

- Diabetes Support Line: [Phone Number]
- Website: [URL]

We are here to help you manage your diabetes effectively. Please feel free to reach out with any questions or concerns.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]