

Proactive Diabetes Monitoring Schedule

Date: _____

To: [Patient's Name]

From: [Doctor's Name]

Subject: diabetes monitoring schedule

Dear [Patient's Name],

We are committed to supporting your health and well-being through proactive diabetes management. Below is your personalized monitoring schedule to help you manage your diabetes effectively:

Weekly Monitoring Schedule

- **Monday:** Fasting Blood Sugar - [Time]
- **Wednesday:** Blood Sugar Post-Meal - [Time]
- **Friday:** Weight Check - [Time]

Monthly Goals

Ensure to achieve the following goals each month:

1. Attend a monthly check-up appointment.
2. Review dietary habits with a nutritionist.
3. Engage in at least 150 minutes of physical activity.

Emergency Protocols

If you experience symptoms such as:

- Severe headaches
- Blurred vision
- Dizziness
- Unusual fatigue

Please contact our office immediately or visit the nearest emergency room.

Thank you for your commitment to managing your diabetes.

Sincerely,

[Doctor's Name]

[Contact Information]

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