

Diabetic Care Plan Review

Patient Name: [Patient's Name]

Date of Review: [Date]

Progress Summary

During this review, we have assessed the following:

- Current Blood Sugar Levels: [Insert levels]
- Weight: [Insert weight]
- Dietary Habits: [Summary of dietary habits]
- Physical Activity: [Summary of physical activity]

Goals Set

Based on the assessment, the following goals have been established:

- Goal 1: [Insert goal]
- Goal 2: [Insert goal]
- Goal 3: [Insert goal]

Action Steps

Please follow these action steps to help achieve your goals:

1. Action Step 1: [Description]
2. Action Step 2: [Description]
3. Action Step 3: [Description]

Next Review Date

The next review will be scheduled for: [Date]

Contact Information

If you have any questions or concerns, please contact: [Healthcare Provider's Name and Contact Info]

Thank you for your commitment to managing your diabetes.