

# Diabetes Individual Care Plan

## Diabetes Clinical Measures

Test/Indicator	Current Result	Target	Date Performed	Due Again
Hgb A1C		4.0 – 6.0		
Weight/BMI				
Blood Pressure		< 130/80		
Total Cholesterol		< 200		
LDL Cholesterol		< 100		
HDL Cholesterol		> 45 (men) > 55 (women)		
Triglycerides		< 150		
Microalbumin		< 30 mcg/mg		
eGFR				
Dilated Eye Exam		(-) retinopathy		
Comprehensive Foot Exam		(-) loss of protective sensation		
Flu Shot		annually		
Pneumonia Shot		At least 1		
Tobacco Use Assessment				
Aspirin		Once/day		
Blood Sugar				

## Current Medications:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## Blood Sugar Assessments

Increase/decrease basal insulin by: \_\_\_\_\_

Increase/decrease bolus Insulin by: \_\_\_\_\_

Adjust oral medication(s): \_\_\_\_\_

## Physician Concerns/Recommendations

Current health status: \_\_\_\_\_

Referral to: \_\_\_\_\_

Home monitoring for: \_\_\_\_\_ Frequency: \_\_\_\_\_

Labs ordered: \_\_\_\_\_

Medication changes: \_\_\_\_\_

Emphasize self-management related to: \_\_\_\_\_

## Patient Self-management Goals

Healthy nutrition: \_\_\_\_\_

Regular exercise: \_\_\_\_\_

Blood sugar: \_\_\_\_\_ Frequency: \_\_\_\_\_

BP: \_\_\_\_\_ Frequency: \_\_\_\_\_

Additional Goals: \_\_\_\_\_

Potential barriers to achievement of goals: \_\_\_\_\_

Strategies for reducing barriers: \_\_\_\_\_

*This plan of care has been collaboratively designed and agreed upon by my Primary Care Provider and me on \_\_\_\_\_.*  
*It will be reviewed during my next visit.*