



Please record your:

Appt date: / / Time: : am / pm Doctor:

So, you just saw your doctor. Did he/she:

1. Change your medication?

- Add a new medication? Which medication and how should you take it?
- Change how you take a medication? Which medication and what is the change?
 - Change time I take it Take with food Reduce dose for a while & build back up Other:
- Do something that reduces side effects you are experiencing? What should you do differently?

Notes:

2. Change how you monitor your blood glucose?

- Test more frequently How frequently?
- Test at a specific time When?
 - fasting after meals when I take a med bed time before meals

Notes:

3. Identify new problems you are having with your diabetes?

- eye disease kidney disease erectile dysfunction (ED)
- heart disease nerve disease Other:

Notes about complications or steps discussed to reduce them:

4. Suggest ways to reduce risk/improvement management of your diabetes?

- Change your diet Increase your physical activity Reduce/eliminate substance use
- Quit smoking Reduce drinking Other:

Notes:

Other notes regarding the appointment: