


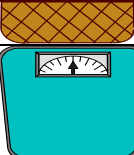


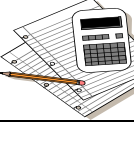
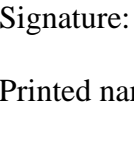



Name:
Date of Birth:
Chart Number:

## Diabetes Self Management Contract

You are the most important person in the management of diabetes. As part of your medical care team, we will guide you and offer support as you manage you own diabetes. The following goals will help you gain and maintain control of diabetes to reduce damage to your organs, blood vessels and nerves.

	Choose one or more of the following goals by placing your initials in the last column.	I am committed to this goal.
	I will work hard to keep my Hemoglobin A1c (strength of diabetes) below 7.0, and I will keep my medical appointments.	
	I will walk 30 minutes ____ day(s) a week. If I notice chest pain, shortness of breath, or chest tightness, I will seek medical attention.	
	I will check my feet daily. If I notice a sore or an irritation, I will seek medical attention. I will visit the podiatrist (foot specialist) yearly, or as instructed.	
	I will follow a healthy meal plan. I will limit fat and salt intake. A healthy diet will help reduce my blood sugar and cholesterol.	
	I will try to control my weight. I know that controlling my weigh will help me control my blood sugar.	
	I will take a baby aspirin or an enteric coated aspirin every day.	
	I will stop smoking.	
	I will have an eye exam at least yearly.	
	I will test my blood sugar at least daily. I will call my health care provider if my numbers are not usually within my target range.	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Chart Number: \_\_\_\_\_