

Dear Patient

Please prepare yourself for your consultation with your nurse or doctor. Have a look at the various headings in the table and work out whether you think your position is good, borderline or is of concern. If so think about what you would like to improve and what you might do to improve it. Please show this letter and information to the doctor or nurse that you see and be sure that your concerns are discussed and dealt with in the consultation.

| My Diabetes Plan | | |
|---|-------------------------------|----------------------------|
| Where do I stand? | Where do I want to be? | How do I get there? |
| My Lifestyle (Diet, exercise, smoking) Good , Borderline , Of Concern | | |
| My BMI (Weight) Good , Borderline , Of Concern | | |
| My Blood Pressure Good , Borderline , Of Concern | | |
| My Cholesterol Good , Borderline , Of Concern | | |
| My Circulation Risk Low, medium, High | | |
| My Eyes Good , Borderline , Of Concern | | |
| My Kidneys Good , Borderline , Of Concern | | |
| My Feet Good , Borderline , Of Concern | | |
| My HbA1C (sugar control) Good , Borderline , Of Concern | | |
| My Hypo risk (risk of low blood sugars) Low, medium, High | | |
| My Medication Good , Borderline , Of Concern | | |
| My Diabetes Knowhow Good , Borderline , Of Concern | | |
| My Well-being Good , Borderline , Of Concern | | |
| My Comments: | | |