

# My Diabetes Education Plan

**When I'm ready, I want to learn how to change my behaviors in the areas I've chosen below.** By changing my behaviors, I will reduce my risk of complications and gain better control of my diabetes.



## Behaviors I want to learn more about:

- Healthy eating:** Learn how to plan a menu, read a nutrition label, cook healthy food, make smart choices when dining out, and more.
- Carb counting:** Learn how to keep track of the carbohydrates in your meals, snacks, and drinks.
- Being active:** Learn why exercise is important for both your physical and mental health. Learn how to add exercise to your everyday life.
- Reducing risks:** Learn about the risks of uncontrolled diabetes, including infections, heart and kidney disease, and nerve, foot, and eye problems.
- Monitoring:** Learn how to monitor your blood sugar and blood pressure at home. Learn how to read your lab test results, including your cholesterol level.
- Taking medicine:** Learn how your medication works and how to take it. Learn about possible side effects of your medication.
- Healthy coping:** Learn how to make lifestyle changes that accommodate your diabetes needs and support your mental health.
- Problem solving:** Learn how to solve problems related to diabetes, including stress and anxiety. Learn what to do if you have high or low blood sugar.
- Finding support:** Learn about diabetes resources, including support groups and apps.

**My education plan will include the activities I've chosen below:**

- I will schedule and attend appointments at ANHC.
- If I miss an appointment, I will reschedule as soon as possible. (Call 907-743-7200.)
- I will ask a friend or family member to attend an appointment with me (at no extra cost) to provide support and help me reach my health goals.
- I will learn about diabetes, my treatment options, my blood sugar, and diabetes benefits my insurance may pay for.
- I will work with my educator to use the tools that help me learn best.
  - Knowledge education
  - Skill building
  - Goal setting
  - Behavior contracting
  - Confidence building
  - Problem solving
  - Handouts to take home
  - Reducing obstacles to change

## Behavioral Goals

**Health goal #1:** \_\_\_\_\_

In order to meet this goal, I will: \_\_\_\_\_

How many times per day? \_\_\_\_\_ How many minutes per day or week? \_\_\_\_\_

**Health goal #2:** \_\_\_\_\_

In order to meet this goal, I will: \_\_\_\_\_

How many times per day? \_\_\_\_\_ How many minutes per day or week? \_\_\_\_\_

**Health goal #3:** \_\_\_\_\_

In order to meet this goal, I will: \_\_\_\_\_

How many times per day? \_\_\_\_\_ How many minutes per day or week? \_\_\_\_\_

**Patient signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date of follow up:** \_\_\_\_\_