

Ongoing Diabetes Self-Management Support Plan

Name: _____ Date: ___/___/___

This is your Ongoing Diabetes Self-Management Support Plan. Participating in a diabetes education program is not sufficient to maintain a lifetime of diabetes self-management. You are being asked to commit to activities that will give you access to educational or motivational support in managing your diabetes.

Recommendations:

- Subscribe to a diabetes magazine
 - Diabetes Forecast (www.diabetes.org)
 - Diabetes Self-Management (www.diabetesselfmanagement.com)
 - Diabetes Health (www.diabeteshealth.com)

- Access diabetes informational websites
 - www.diabeteseducator.org (American Association of Diabetes Educators)
 - www.diabetes.org (American Diabetes Association)
 - www.dlife.com (Diabetes Life)
 - www.americanheart.org (American Heart Association)
 - www.eatright.org (American Dietetic Association)
 - www.ndep.nih.gov (National Diabetes Education Program)

- Visit with a registered dietitian
- Attend a healthy cooking class
Date: _____
- Join a fitness center, gym, or YMCA
Date: _____
- Join a walking club / running club
Date: _____
- Contact your health insurance plan to ask about their diabetes management programs
- Review your medication plan with your pharmacist
Date: _____
- Join a weight loss program
Date: _____

- Other: _____

Written Support Materials Given

- Living a Healthy Life with Chronic Conditions* (book)
 - Diabetes Brochures
- Describe: _____

Other Materials

Describe: _____

Clinician's Signature

Credentials

Date

SAMPLE