

FOLLOW-UP INSTRUCTION FORM FOR A PERSON WITH DIABETES

Name: _____

Date: _____

Provider: _____

Educator: _____

Goals:

1. _____

2. _____

Medicine Changes:

1. _____









2. _____

3. _____

4. _____

5. _____

Blood Sugar Testing:

DATE	BEFORE BREAKFAST 	AFTER BREAKFAST 	BEFORE LUNCH 	AFTER LUNCH 	BEFORE DINNER 	AFTER DINNER 	BEDTIME 	2 TO 3 AM 

Call (_____) or fax (_____) your blood sugars on (_____)
clinic phone clinic fax date

When you fax or phone in blood sugars, please give us a phone number so that we can call you.

Phone number _____

Health Literacy Universal Precautions Toolkit
 AHRQ Pub. No. 10-0046-EF
 Available at: <http://www.nchealthliteracy.org/toolkit/tool6A.doc>