

4C's Clinic Diabetes Program

Self Management Goal

Date _____

My goal is to help control my diabetes by:

This week I will _____ (what)

_____ (how much)

_____ (when)

_____ (how often)

Signature: _____ Date _____

You may contact me at () _____ or () _____

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Nurse follow up Intervention

Nurse spoke to: _____

Signature: _____ Date _____

- Meeting goal completely
- Meeting goal most of time
- Meeting goal some of the time
- Not working on a goal

Patient Label