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4C's Clinic Diabetes Program

Self Management Goal

Date			
My goal is to help con	trol my diabo	etes by:	
This week I will		(what)	
	(how much)		
24		(when)	
S 1		(how often)	
Signature:		Date	
		or()	
Nurse follow up Interv			***********
Nurse spoke to:			 :
Signature:	Da	te	-
 Meeting goal con Meeting goal mo Meeting goal con 	st of time		

Patient Label

Not working on a goal