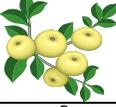


	Things I will do	Date I will Start	Check up Dates (still working/maintaining good habits)					
	I will test my blood sugar as instructed							
	I will take my medications							
	I will take an aspirin every day if instructed							
	I will exercise for ___ min. ___ days/week. My exercise will be _____							
	I will lose ___ pounds in ___ months							
	I will eat 3 meals and ___ healthy snacks a day.							
	I will use olive/canola oil							
	I will give up soda with sugar							
	I will stop or reduce salt							
	I will make my food portions smaller							
	I will stop smoking or cut down on smoking							
	I will check my feet daily							
	I will always have shoes or slippers on my feet. I will wear socks with my shoes.							

Patient Name: _____ DOB: _____ Chart # _____

Salmon to chart
White to patient