

# Diabetes Self-Management History Update Form

Date

Patient Name

Date of Birth

## Current Diabetes Management

Date of Diabetes Diagnosis

Type of Diabetes

Current Medications (type, dose, frequency)

Self-Monitoring of Blood Glucose

Last HbA1c (%)

Date of Last HbA1c

## Lifestyle and Self-Management

Diet Plan

Physical Activity/Exercise Routine

Recent Complications or Hypo/Hyperglycemic Events

**Support Systems (family, friends, groups)**

**Education and Follow-Up**

**Diabetes Education Received**

**Self-Management Goals**

**Questions or Concerns**