

Doctor discussion guide

Your doctor's time is valuable. And so is yours! A great way to make the most of your time together is to think about your questions ahead of time and write them down. This guide can help. You'll find questions that are designed to help with each part of your diabetes care plan. Be sure to check off the ones you want to ask at your next visit. You can write your doctor's answers in the spaces below the questions.

My meal plan



- What should I include in my meal plan?

- Is there anything I should avoid? If so, what might be some healthy substitutes?

- Should I be counting carbohydrates (carbs)? If so, how many grams of carbs should I have each day?

My physical activity plan



- What kinds of physical activity are best for me?

- What should my activity goals be (that is, how many minutes a day and how many days a week should I be active, and what should the intensity level of my activity be)?

- Are there things that I can do to stay safe while being active?

My plan for checkups



- What health checks do I need and when do I need them?

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My diabetes medicine plan

- What are all the diabetes medicines I am taking, and when should I take them? Is there anything I need to know to make sure that I'm taking them the right way?



- How long does it take for my medicine to work?

- How should I store my medicines?



My plan for checking my blood sugar



- When should I be checking my blood sugar?

- What should my target blood sugar levels be to be considered in control, including A1C, before a meal, 2 hours after a meal, and at bedtime?

- Is there a blood sugar level that should alert me to call you?

My other questions

Use these spaces to write down any other questions you have for your diabetes care team.



For more information, visit Cornerstones4Care.com

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Cornerstones4Care®
Your diabetes, your way.

Support and diabetes management tools built around you.

Enroll today to get **FREE**, personalized diabetes support with **Cornerstones4Care®**.



Diabetes Health Coach

An online program that builds a customized action plan around your needs to help you learn healthy habits



Meal Planning Tools

Create tasty, diabetes-friendly meals



Interactive Trackers

Record A1C, weight, and blood sugar numbers

Enrolling is easy. Just complete this form.

All fields with asterisks (*) are **REQUIRED**.

* I have diabetes or I care for someone who has diabetes

* First name _____ * Last name _____ MI _____

* Address 1 _____

Address 2 _____

* City _____ * State _____

* ZIP _____ * Email _____

* Birth date mm/dd/yyyy ____ / ____ / ____

* What type of diabetes do you or the person you care for have? (Check one)

Type 2 Type 1 Don't know

* What type of diabetes medicine has been prescribed? (Check all that apply)

Insulin GLP-1 medicine
 None Other
 Diabetes pills (also called oral antidiabetic drugs, or OADs)

* If you checked "Insulin," "GLP-1 medicine," or "Other," please fill in the following for each:

Product 1: _____

How long has this product been taken?

Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

Product 2: _____

How long has this product been taken?

Prescribed but not taken 7-12 months
 0-3 months 1-3 years
 4-6 months 3 or more years

3 easy ways to enroll:

1. Fax the completed form to 1-866-549-2016
2. Email the completed form to C4Csignup@hartehanks.com
3. Call 1-888-825-1518 and follow the voice prompts

Review and complete below.

* Phone number:

(_____) _____ - _____

* Cell phone number:

(_____) _____ - _____

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