

Appendix 1

Your Annual Review Results:

Test	Personal Target	Results					
		Date / /	Date / /	Date / /	Date / /	Date / /	Date / /
HbA1c							
Weight							
Body Mass Index (BMI)							
Waist Circumference							
Blood Pressure							
Cholesterol Total Cholesterol HDL LDL Triglycerides							
Kidney Function Micro-albuminuria Serum Creatinine eGFR							
Foot Examination							
Retinal Photography							

Diabetes Personal Care Plan

What aspect(s) of your diabetes do you want to improve?

What would help you to do this? (Refer to page 27)

Exactly how will you reach your target(s)?

<p>Goal:</p> <p>What will you do:</p> <p>When will you do it:</p>	<p>Goal:</p> <p>What will you do:</p> <p>When will you do it:</p>
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Review date: _____