

AGREEMENT ON OBJECTIVES

Disease Management Programm Diabetes mellitus Typ 2

Insurance number _____

First name _____ Surname _____

Within the framework of the „Active Therapy – Diabetes under Control“ program, the following objectives have been agreed in consultation:

HbA1C reduction

Current HbA1C level: __, __ %

HbA1C goal: __, __ %

by:

Blood pressure reduction

Current BP: __, __ mmHG

BP goal: __, __ mmHG

by:

Reduction in tobacco consumption

Current consumption: __ cig/day

Reduction goal: __ cig/day

by:

Increased exercise

Following activities have been agreed

Activity 1: _____

Duration/min: _____:

Frequency: - __ p week

Activity 2: _____

Duration/min: _____:

Frequency: - __ p week

Weight reduction

Current weight: __ __ kg

Goal weight: __ __ kg

by:

Change to healthy eating habits:

The following changes in eating habits were agreed:

Progress table

Date								
HbA1C	__, __ %							
Blood pressure	mmHG							
Cigarettes	cig/day							
Activity 1	min x							
Activity 2	min x							
Weight	kg							

Date, patient signature

Date, physician signature