

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 HaB1C 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	mmGH							
Cigarettes	cig/day							
Activity 1	min x							
Activity 2	min x							
Weight	kg							

Date, patient signature

Date, physician signature