



# Me, My Health and My Diabetes Team

Know your team. **Stay Connected.** Prepare for your Diabetes Care. Live Well.

My team's notes about my visit (This tool is for you to fill out as you see your HCP)			
Date	Which healthcare provider?	Visit summary. Changes made. Goals set.	Questions for other healthcare providers.
	<input type="checkbox"/> Doctor/Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Dietitian <input type="checkbox"/> Pharmacist <input type="checkbox"/> Social Worker <input type="checkbox"/> Other	<p>Note to be sent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Urgent? <input type="checkbox"/> Yes</p>
	<input type="checkbox"/> Doctor/Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Dietitian <input type="checkbox"/> Pharmacist <input type="checkbox"/> Social Worker <input type="checkbox"/> Other	<p>Note to be sent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Urgent? <input type="checkbox"/> Yes</p>
	<input type="checkbox"/> Doctor/Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Dietitian <input type="checkbox"/> Pharmacist <input type="checkbox"/> Social Worker <input type="checkbox"/> Other	<p>Note to be sent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Urgent? <input type="checkbox"/> Yes</p>
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