1. My current prescription

Date checked with my pharmacist

Brand and active ingredient

Exact presentation and strength on the box

My prescribed dose and schedule

Number of prescribed doses in this exact pen or vial

Storage before first use

Storage and discard rule after first use

First-use date / discard date

My product's missed-dose instructions

What to do after a longer interruption

Pharmacy contact / prescriber contact

> Recheck this page whenever the product, device, strength, or instructions change. Do not use a previous pen's information automatically.

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2. My food and fluid plan

Agreed with / date

My main health and daily-life goals

Protein target, if set

Energy range, if useful

Fluid advice, including any restriction

Carbohydrate or other individual targets

Food allergies and relevant intolerances

Two breakfasts I can repeat

Two lunches I can take with me

Two dinners I can make when tired

One shelf-stable backup / one freezer backup

What I will do if I cannot eat or drink adequately

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3. A three-day food and symptom record — Day 1

Record an ordinary day, not a demonstration of what you think you should eat. One page per day.

Date / medicine and last dose

Time	Food or drink and approximate amount	Hunger, fullness, or symptoms
Morning		
Midday		
Afternoon		
Evening		

Bowel changes / vomiting or diarrhea / fluids tolerated

Movement and sleep

Glucose or blood pressure, only if part of my monitoring plan

What I want to ask about

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3. A three-day food and symptom record — Day 2

Record an ordinary day, not a demonstration of what you think you should eat. One page per day.

Date / medicine and last dose

Time	Food or drink and approximate amount	Hunger, fullness, or symptoms
Morning		
Midday		
Afternoon		
Evening		

Bowel changes / vomiting or diarrhea / fluids tolerated

Movement and sleep

Glucose or blood pressure, only if part of my monitoring plan

What I want to ask about

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3. A three-day food and symptom record — Day 3

Record an ordinary day, not a demonstration of what you think you should eat. One page per day.

Date / medicine and last dose

Time	Food or drink and approximate amount	Hunger, fullness, or symptoms
Morning		
Midday		
Afternoon		
Evening		

Bowel changes / vomiting or diarrhea / fluids tolerated

Movement and sleep

Glucose or blood pressure, only if part of my monitoring plan

What I want to ask about

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4. My low-blood-sugar plan

Complete this with your diabetes team if you are at risk of lows. The general response is in Chapter 3; individual instructions take priority.

Medicines that affect my risk

When and how to check

My measured fast-acting carbohydrate treatment

Where I carry it / where a backup is kept

My prescribed glucagon, if any, and its location

Person who knows how to help

When to contact my team / when to call 911

Never give food or drink by mouth to someone who cannot swallow safely.

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5. My strength session

Date / Track A or B / how I feel before starting

Exercise	Load or version	Sets and repetitions	How it felt

Any symptoms or movement that needs advice

Next session: repeat, simplify, or make one small progression

> "Two sets of eight, steady, could have done two more" is useful. "Destroyed myself" is less useful.

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6. My weekly review

Week beginning

A meal that worked well

A situation that made food difficult

Strength sessions completed / movement I enjoyed

An everyday task that feels easier or harder

Weight trend, if monitoring is helpful

Symptoms I need to discuss

One practical change for next week

What I will keep exactly as it is

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7. My appointment page

Bring your medication list, relevant readings, and a brief food or symptom record if it will help.

My three most useful questions

1.

2.

3.

Decisions made today

Who will adjust what, and when

Tests or referrals discussed

What should make me contact the team sooner

Next review date and contact route

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8. My procedure and travel reminders

For a procedure

Tell the procedural and anesthesia teams the medicine, dose, last dose, recent dose changes, and symptoms. Obtain their medication, eating, and drinking instructions. Write them here:

Their instructions

For travel

Check the product's exact temperature limits, permitted time outside refrigeration, and discard rule. Plan food, fluids, and safe storage. Write the pharmacist's instructions here:

The pharmacist's instructions

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9. If treatment changes

Why we are considering a change

The prescription plan agreed with my clinician

Food and activity routines I can maintain

What we will monitor and how often

What change should prompt contact

The next appointment, arranged before the change

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