

Prediabetes Treatment Guidelines

Name:

Date of Birth:

Medical Record Number:

Medical History:

Diagnostic Methods

Results and Dates of Blood Tests:

Other Diagnostic Procedures:

Lifestyle Modifications

Dietary Changes:

Exercise:

Weight Management:

Medication Therapy:**Monitoring and Follow-Up:**

Date	Medication	Lifestyle Modifications	Results

ICD and / or CPT Codes:

Codes	Description

Additional Comments:

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