Name : _____

Date : _____

MY TEAM MEMBERS

Managing your diabetes is a team effort with you at the center. Your care team may include a mix of medical providers and support professionals who work together to help you stay healthy.

Use the space below to note the names of your diabetes team and their phone numbers.

My Primary Care Provider : _____

My Primary Care Provider's Nurse : _____

My Endocrinologist : _____

My Endocrinologist's Nurse : _____

My CDCES / Diabetes Educator : _____

My Registered Dietitian : _____

My Pharmacist : _____

My Care Coordinator : _____

My Behavioral Health Provider : _____

My Vision Care Provider : _____

My Dentist : _____

My Fitness Professional / Exercise Specialist : _____

My Health Coach : _____

Emergency Contact(s): _____

Additional Team Members : _____

_____

You are the most important member of the team.
Your voice, goals, and daily choices matter.
Ask questions, share concerns, and work with your care team to create a plan that fits your life.

SOUTH DAKOTA
Diabetes
PROGRAM

Created July 2026

SOUTH DAKOTA DEPARTMENT OF HEALTH