



THE DIABETIC AI

Patient-to-Physician Handoff Sheet

What My Doctor Needs to Know

A Guide for Physicians from a Patient Enrolled in The Diabetic AI Program

A Note to the Physician Reading This

I am your patient, and I am giving you this document because I want you to be my partner in what I am working toward.

I have enrolled in a structured, evidence-based program called The Diabetic AI. It is not a fad diet. It is not a supplement scheme. It is a comprehensive lifestyle intervention for Type 2 Diabetes remission, built on randomized controlled trial data and designed specifically to support — not circumvent — my medical care.

I am asking for three things:

1. That you read this brief guide
2. That you review the AI-generated reports I will bring to our appointments
3. That you continue to guide my medication management as my health improves

That's it.

You remain in charge of my clinical care. I am simply becoming a more informed, more data-driven patient.

SECTION 1

What Is The Diabetic AI?

The Diabetic AI is an AI-powered educational companion that guides people with Type 2 Diabetes through a multi-pillar lifestyle intervention. It was built by David, a 64-year-old entrepreneur who reversed his own HbA1c from 12.1 to 5.3 using the same methods taught in the program — and who wanted to make this guidance accessible to everyone, not just those who can afford concierge functional medicine.

The Five Pillars of the Program

1. Therapeutic Carbohydrate Restriction (TCR)

Daily carbohydrate intake is reduced to 20–50g/day. This is the most evidence-supported dietary intervention for T2DM remission.

Citations:

- The DiRECT Trial (Lean et al., Lancet, 2018) demonstrated 46% remission rates at 12 months.
- Virta Health's continuous care trial (Hallberg et al., Diabetes Therapy, 2018) showed 60% of participants reduced or eliminated insulin within one year.

2. Intermittent Fasting / Time-Restricted Eating

The program uses 16:8 to extended fasting protocols based on the patient's readiness and health status. Fasting lowers insulin levels, reduces hepatic glucose output, and promotes autophagy.

Citations:

- Meta-analyses (Cioffi et al., Nutrients, 2018) confirm comparable or superior HbA1c reduction vs. continuous caloric restriction.

3. Exercise — Resistance + Aerobic

Personalized to age, fitness level, and comorbidities.

Resistance training improves insulin sensitivity via GLUT4 upregulation.

Walking programs post-meal are specifically recommended to blunt postprandial glucose spikes.

Citations:

- Holten et al., Diabetes, 2004 — resistance training and GLUT4 upregulation.

4. Gut Health Restoration

Homemade kefir and probiotic supplementation. The gut microbiome plays a measurable

role in insulin resistance and systemic inflammation.

Citations:

- Zarrinpar et al. (Cell Host & Microbe, 2016) and multiple RCTs support probiotic supplementation for metabolic improvement in T2DM.

5. Targeted Supplementation

Evidence-based only. Key supplements include:

Berberine — HbA1c reduction comparable to metformin in multiple RCTs

Magnesium — deficiency common in T2DM; supplementation improves insulin sensitivity

Cinnamon — fasting glucose reduction in RCT data

Citations:

- Yin et al., Metabolism, 2008 — Berberine vs. metformin.
- Barbagallo & Dominguez, World J Diabetes, 2015 — Magnesium and insulin sensitivity.
- Allen et al., J Tradit Complement Med, 2013 — Cinnamon and fasting glucose.

SECTION 2

What the AI Does — and Does Not Do

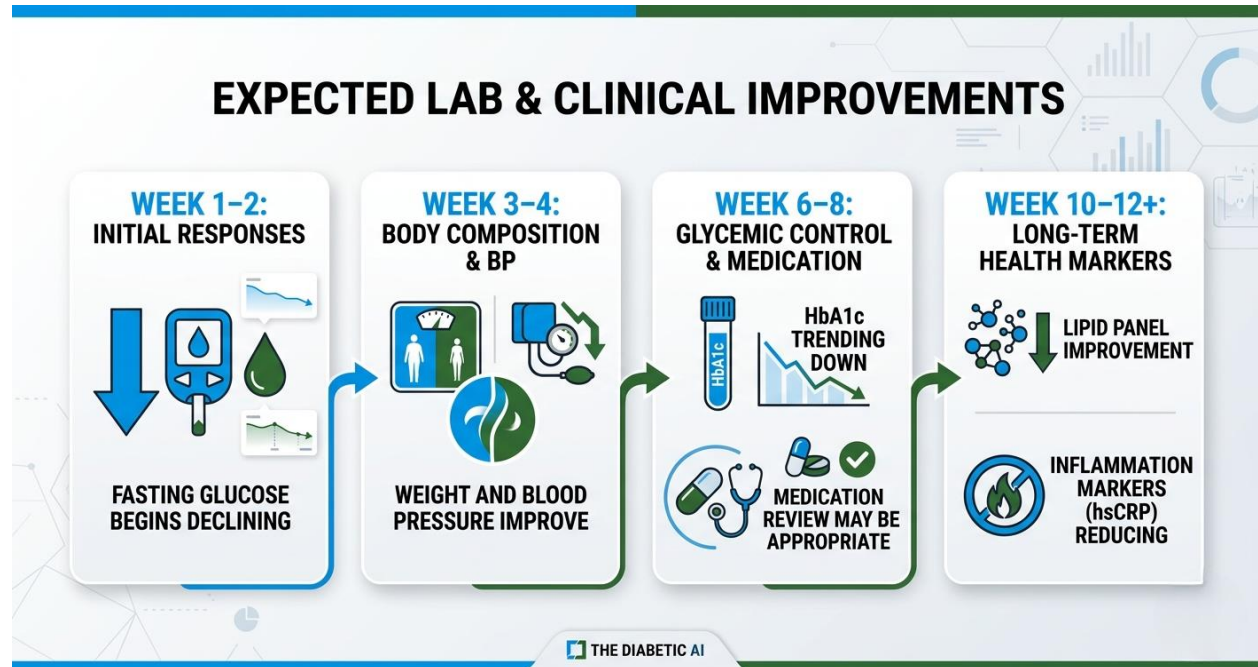
The AI DOES	The AI DOES NOT
Educate the patient on evidence-based lifestyle strategies	Diagnose any condition
Track dietary intake, glucose readings, exercise, sleep, and symptoms	Prescribe or recommend changes to medications
Generate structured physician reports before appointments	Replace clinical judgment
Flag medication safety concerns (e.g., hypoglycemia risk during carb restriction)	Establish a doctor-patient relationship
Provide citations for every recommendation	Store protected health information beyond what is necessary
Remind patients that all clinical decisions belong to their physician	

The AI is, in simple terms, a highly informed health educator that keeps detailed records and communicates them clearly to you.

SECTION 3

What to Expect Clinically

As I follow this program, here is what the research suggests you may observe in my labs and vitals over time.



SECTION 4

Recommended Baseline Labs

If not recently completed, the following labs would give us the best baseline for tracking my progress. I will bring this list to our next appointment.

Lab Test	Rationale
HbA1c	Primary remission marker
Fasting glucose	Trending metric
Fasting insulin	Calculates HOMA-IR (insulin resistance index)
HOMA-IR (calculated)	Root cause marker — more sensitive than glucose alone
Complete Metabolic Panel	Renal and hepatic function

Lipid panel (standard)	Cardiovascular risk baseline
hsCRP	Systemic inflammation marker
Vitamin D (25-OH)	Deficiency common in T2DM; affects insulin sensitivity
Magnesium (serum)	Often deficient; affects glucose metabolism
TSH	Thyroid dysfunction can mimic or worsen insulin resistance
CBC	General health baseline
Urine microalbumin/creatinine ratio	Early nephropathy screening

Repeat Schedule

Repeat HbA1c, fasting glucose, fasting insulin, and CMP every 3 months while changes are active.

SECTION 5

Physician FAQ

Below are the most common questions physicians ask about this program.

PHYSICIAN FREQUENTLY ASKED QUESTIONS

1 Is this program safe for my patient?



Yes, designed with patient safety as a priority. Clinical oversight ensures safe operation.

2 What if their glucose drops too low on medication?



Real-time monitoring alerts both patient and clinician to hypoglycemic risks. Program adjustments are made promptly.

3 How much time does reviewing reports take?



Minimal time. Automated summaries and insights focus on key metrics for efficient review.

4 Is this HIPAA-compliant?



Absolutely. All patient data is stored and transmitted with robust encryption meeting HIPAA security standards.

5 What if the AI gives advice that conflicts with mine?



AI provides recommendations based on current data. Ultimate decision-making always rests with the physician. It serves as an assistive tool.

6 Is this evidence-based?



Yes, algorithms and guidelines are derived from peer-reviewed studies and recognized clinical standards.

Key Points for Physicians

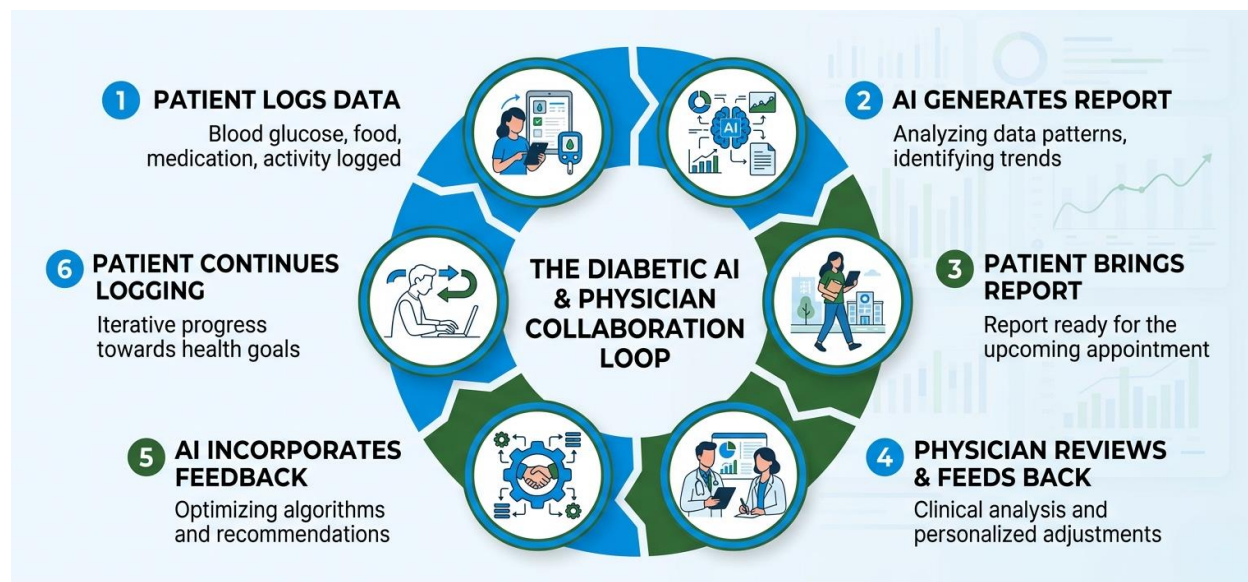
- Your clinical judgment always overrides AI recommendations — this is reinforced throughout the patient curriculum.
- The physician feedback form embedded in every AI report lets you flag, modify, or override any recommendation.
- The program explicitly teaches patients never to adjust medications without physician authorization.
- SGLT-2 inhibitor users are instructed to disclose their carbohydrate restriction due to euglycemic DKA risk.
- Any reported hypoglycemia event is automatically flagged in the physician report.

SECTION 6

How to Collaborate With This Program

You don't need to do anything differently. Simply:

1. Review the AI-generated report I bring to each appointment (3 minutes or less)
2. Order labs at the intervals that make clinical sense to you
3. Adjust medications as my glucose and other markers improve
4. Optional: Submit brief feedback via the physician link in each report



If you want to go deeper — review the evidence base, connect with the program, or learn more about the physician collaboration model — visit thediabetica.com or reach out via the contact page.

Thank you for reading this. Thank you for being my doctor. I am committed to doing the work — I just want to do it with you, not around you.

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