

My Personal Diabetes Record

Name: _____

Bring this card with you to each visit and discuss these topics with your health care team through out the year. Record the dates and results of these various tests and services on the chart below.

Test/Service (how often)	My Goal	Date & Result	Date & Result	Date & Result	Date & Result
A1C (every 3-6 mo.)	Less than 7%				
Blood Pressure (every visit)	Less than 130 /80				
Lipid profile (every year)					
Total Cholesterol	Less than 200				
LDL	Less than 100				
HDL	Men above 40				
	Women above 50				
Triglycerides	Less than 200				
Thyroid function (every year)					
Microalbumin or kidney function test (every year)					
Dilated Eye Exam (every year)					
Dental Exam (every 6-12 mo.)					
Foot Exam (every visit)					
Flu Shot (every year)					
Pneumonia Vaccine (generally once)					

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Ask your Diabetes Care Team About:

- | | |
|---|--|
| <ul style="list-style-type: none">• Medications like aspirin, statins and/or ace inhibitors you might need to reduce your risk for heart attack and stroke.• Nutrition/Meal planning• Physical activity• Weight management• Home blood sugar monitoring• Low and high blood sugar patterns | <ul style="list-style-type: none">• How to stop smoking• Diabetes complications• Foot care• Managing sickness and infections• Ways to cope with stress and depression• How to plan for a pregnancy when you have diabetes |
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My Diabetes Care Team

Name _____ Phone: () _____

Name _____ Phone: () _____

Name _____ Phone: () _____

Name _____ Phone: () _____