✦ Personal Diabetes Record ✦

Kaiser Permanente recommends these diabetes tests and exams to keep you healthy and in control. **Use this card to record your visits and lab results.** Take this card with you when you visit your doctor or diabetes educator. You and your doctor will decide how often you need these services.

Recommended care and testing:

		MY TARGETS	DATE	DATE	DATE	DATE	DATE	DATE
A1c *(every three to six months)* *Blood sugar average*	Goal: < 7%							
Blood Pressure *(every visit)*	Goal: ≤ 129/79							
Cholesterol *Lipid profile* *(every year)* **12 HOUR FAST REQUIRED**	Total cholesterol Goal: < 200 Triglycerides Goal: < 200 HDL Goal: > 45 LDL Goal: < 100							
TSH *(every year) Thyroid function test*								
Microalbumin *(every year)* *Urine kidney function test*								
Foot Exam *(every visit)* with monofilament (every year)								
Dental Exam *(every 6-12 months)*								
Diabetes Education								
Review Blood Sugar Target ranges:		fasting:			non-fasting:			

Flu Shot *(every year)* Date: _____

Pneumovax *(once)* Date: _____

Dilated Eye Exam *(at least every two years or once a year if background retinopathy)* Date: _____

Lab letter ☒

MD #

✦ Personal Diabetes Record ✦

KAISER PERMANENTE®

Name _____ Medical Record Number _____

Adapted from:
Care Management Institute 12/97,
Diabetes Health Record 9/96, Diabetes Coalition of California
and the California Diabetes Control Program

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Medication Record

Name of Medication/ Reason to Take	Strength	Dose/Times
Aspirin		

Keys to Healthy Living

Discuss these issues with your medical professional when setting personal goals:

- ✦Which medications like statins and/or ace inhibitors you might need to keep your heart healthy.
- ✦Nutrition/Meal planning
- ✦Physical activity
- ✦Weight management
- ✦Self blood sugar monitoring
- ✦Low and high blood sugar patterns
- ✦How to stop smoking
- ✦Diabetes complications
- ✦Foot care
- ✦Managing sickness
- ✦Stress management
- ✦Prepregnancy planning

My Diabetes Care Team

✦ _____
Name _____ Phone _____

✦ _____
Name _____ Phone _____

✦ _____
Name _____ Phone _____