

Take charge of your diabetes
for life!



Diabetes Personal Care Card

Name _____

Diabetes Care Provider & Phone No. _____

Other Doctor or Diabetes Specialist & Phone No. _____

Emergency Contact & Phone No. _____

Do you know what tests you need to take care of your health and your diabetes? This Diary will help you keep track of the basic tests you need and how often you need them. It will also help you record and remember the results of these tests. You may require other tests which are not listed.

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Visit 1—Date: _____
 CHANGES IN MEDICATIONS: _____ DOSAGES: _____

Visit 2—Date: _____
 CHANGES IN MEDICATIONS: _____ DOSAGES: _____

Visit 3—Date: _____
 CHANGES IN MEDICATIONS: _____ DOSAGES: _____

Visit 4—Date: _____
 CHANGES IN MEDICATIONS: _____ DOSAGES: _____

THESE BASIC GUIDELINES

are for diabetes care as outlined by the American Diabetes Association. Discuss these issues with your diabetes care provider and use this card to record your results.

FOR MORE INFORMATION 1-800-DIABETES	ADA 2010 Guidelines	VISITS			
		1st	2nd	3rd	4th
Review blood sugar records [every visit]	70-130 before meals — target	DATE:	DATE:	DATE:	DATE:
Foot Exam [every visit]	remove shoes & socks	DATE:	DATE:	DATE:	DATE:
Weight [every visit]	— target	DATE:	DATE:	DATE:	DATE:
Blood Pressure [every visit]	130/80 — target	DATE:	DATE:	DATE:	DATE:
A1c Blood sugar test 2 - 4 times each year	less than 7% — target	DATE:	DATE:	DATE:	DATE:
Microalbuminuria: Urine kidney test [every year]	less than 30 mg/24 hrs	DATE:			
Dilated Eye Exam	yearly update	DATE:			
Self-Management Education within 3 Months of Diagnosis	yearly updates or as needed	DATE:			

Tests to measure fats in the blood that cause heart disease.

		DATE:	Tips to Remember: <ul style="list-style-type: none"> • Keep your blood sugar level close to your goal. • Eat a wide variety of nutritious foods. • Be more active most days of the week. • Take care of your eyes, heart, and feet. • Don't smoke. • Maintain normal blood pressure and blood fats. • Brush, floss, and see your dentist. • Ask your doctor about taking daily Aspirin.
Cholesterol [every year]	less than 200	VALUE:	
Triglycerides [every year]	less than 150	VALUE:	
LDL [every year]	less than 100	VALUE:	
HDL [every year]	greater than 40M/50F	VALUE:	
Flu Shots [every year]			
Pneumonia Vaccine [check with your doctor]			
Smoking Status			