

Bring this card to each visit with your doctor or diabetes educator.
 Discuss these issues during your visit and use the chart below to record
 your results so that you can take charge of your diabetes.

Test/Service (Frequency)	Target	Date	Date	Date	Date
	My Goal				
HbA1C (every 3-6 mo.)	< 7%				
Review Blood Sugar Records (every visit)					
Blood Pressure (every visit)	< ¹³⁰ / ₈₀ mmHg				
Weight (every visit)					
Foot Exam (every visit)					
Lipid Profile (yearly*) LDL					
HDL	M: > 45 mg/dl F: > 55 mg/dl				
Triglycerides	< 150 mg/dl				
Urine Microalbumin (yearly)	< 10 mg/24hr				
Dilated Eye Exam (yearly)					
Dental Exam (every 6 mo.)					
Flu Shot (yearly)					
Pneumonia Vaccine (generally once)					
Dietitian Diabetes Educator					

*Every 2 years if values in lower risk levels

Key to symbols < less than > greater than

Medication	Dosage	Time

Name: _____
Allergies: _____

I HAVE DIABETES. If I am acting strangely or cannot be awakened, my blood sugar may be low.

- If I cannot be awakened or cannot swallow, do not try to give me anything by mouth. Please contact:
Emergency Medical Services (911) immediately.
- If I can swallow, give me 4 to 6 ounces of fruit juice, sweetened soft drink, or other sugar source. If I am not better within 10-15 minutes, contact:
Emergency Medical Services (911) immediately.

Doctor: _____ Phone: () _____
Nurse Educator: _____ Phone: () _____
Dietitian: _____ Phone: () _____
Pharmacy: _____ Phone: () _____
Eye Doctor: _____ Phone: () _____
Foot Doctor: _____ Phone: () _____
Dentist: _____ Phone: () _____
Emergency
Contact: _____ Phone: () _____
Other: _____ Phone: () _____

Diabetes Care Card

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