

Personal Diabetes Care Record

Take this card to all your health care appointments.

Name:

Address:

Phone number with area code:

In an emergency, contact:

Phone number:

I have Diabetes

If I am acting strangely or cannot be woken up, my blood glucose (sugar) may be low.

If I cannot be woken up or cannot swallow, do not try to give me anything to eat or drink, CALL 911.

If I can swallow, give me half a can of regular sweetened soda, a juice box, or a spoonful of sugar or honey. If I do not get better after 15 minutes CALL 911.

Diabetes Health Care Team

NAME

Primary Care Provider:

Endocrinologist:

Dietitian:

Diabetes Education Specialist:

Eye Doctor:

Foot Doctor:

Social Worker:

Dentist:

Pharmacy:

This record is based on the 2020 American Diabetes Association Standards of Medical Care in Diabetes.

F-49357 (10/2020)

Personal Diabetes Care Record

LAB/OTHER TESTS	Goal	Date	Date	Date	Date
	A1C (every three to six months)				
	Cholesterol panel (yearly)				
	Kidney profile (yearly)				
	Urine albumin-creatinine ratio (ACR, yearly)				
	Estimated glomerular filtration ratio, (eGFR, yearly)				

EXAMS	Blood pressure and weight (each visit)				
	Dental exam (every six months)				
	Foot check (visual check every visit)				
	Complete foot exam (yearly)				
	Diabetes visit (every three to six months)				
	Physical exam (yearly)				

IMMUNIZATIONS	Flu/Influenza (yearly)				
	Hepatitis B series (once)				
	Pneumococcal (once)				
	Tdap/Td (at least every 10 years)				
	Zoster/shingles series (once)				
EDUCATION	Self-management education (every 6 to 12 months and as needed)				
	Nutrition (every 3 to 6 months or at least yearly)				
	Physical activity and exercise (each visit)				
	Home glucose (sugar) monitoring (each visit)				
	Tobacco use (each visit)				