

(Confirm Accuracy with Patient's Medical Records)

## MY PERSONAL DIABETES HEALTH CARD

Take this card to ALL Health Care Provider appointments.  
Write result of test or place a mark (X) to indicate completed.

STANDARDS OF CARE	HOW OFTEN	GOAL	DATE OF VISIT/RESULT		
Weight	Each visit	Discuss w/HCP*			
Blood Pressure	Each visit	<130/80 mmHg			
A1c	2-4x/yr	Set this w/HCP <7			
Foot Inspection	Each visit	Discuss w/HCP			
Complete Foot Exam	1x/yr	Discuss w/HCP			
<b>Lipid Profile</b>					
Cholesterol	1x/yr	< 200 mg/dl			
LDL (bad)	1x/yr	< 100 mg/dl			
HDL (good)	1x/yr	> 40 mg/dl men > 50 mg/dl women			
Triglycerides	1x/yr	< 150 mg/dl			
<b>Kidney Function</b>					
Microalbumin	1x/yr	Discuss w/HCP			
Serum Creatinine	1x/yr	Discuss w/HCP			
Eye Exam (Dilated)	1x/yr				
Flu Shot	1x/yr				
Pneumonia Shot	Initial				
Dental & Oral Exam	Every six months				
Diabetes Self-Management Education	Initial & as needed				
Meet with Dietitian	Initial & as needed				
Stop Smoking Discussion	Each visit	1-800 QUIT NOW 1-800-784-8669			
Pre-Pregnancy & Family Planning	As needed				
<b>*HCP: Health Care Provider</b>					
Your Self-Management Goals					
Date of Next Visit					

Blood sugar targets: Fasting and pre meal: \_\_\_\_\_  
Two hours after a meal: \_\_\_\_\_ Bedtime: \_\_\_\_\_

# Carry a list of your medications and take medication bottles to all Health Care Provider appointments

## My Diabetes Health Care Team Information

Name

Phone

Doctor \_\_\_\_\_

Diabetes Educator \_\_\_\_\_

Pharmacist \_\_\_\_\_

Foot Doctor \_\_\_\_\_

Eye Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

Call **1 800 Diabetes (342-2383)** for diabetes information  
Go to **[www.Kentuckydiabetes.net](http://www.Kentuckydiabetes.net)** for online information

## I Have Diabetes

I may be having a low blood sugar reaction to insulin or a diabetes pill.

If I cannot be awakened or cannot swallow, do not try to give me anything to drink. **Call 911.**

If I'm awake but acting strangely, give me some regular soft drink, juice, milk, hard candy, or some sugar. If I do not get better within 15 minutes, call 911 or get me to a hospital.



## MY PERSONAL DIABETES HEALTH CARD

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

In Case of Emergency, contact \_\_\_\_\_