

Diabetes Care Card

(Fold here)			DI NI I					
(1 old liefe)	<u>Contact</u> Health care provider:	Phone Number						
	Health care provider: Diabetes educator:							
	Dietitian:							
	Foot doctor: Eye doctor: Pharmacist:							
	Dentist:							
(Fold here)	Medicine	Amount	Time					
(Fold here)								
	Allergies							

Please bring this card with you to each appointment you have with your health care provider or diabetes educator. Use the following chart to record your results and talk with your provider about any questions or concerns you might have with your results.

Test or Service	My	Date	Date	Date	Date
Target goal	Target Goal				
HbA1c (every 3 to 6 months)					
7 percent or less					
Blood pressure (every visit)					
139/89 mmHg or less					
Cholesterol					
I take a statin medicine.					
Microalbumin (yearly)					
30 mcg/mL or less					
Weight (yearly)					
Foot exam (yearly; more often if needed)					
Dilated eye exam (yearly)					
Flu shot (yearly)					
Pneumonia vaccine					
Self-management training (initial/ongoing)					

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