Diabetes Care Card

FOLD 3

Contact **Phone Number**

Health care provider: _____

Diabetes educator: _____

Dietitian: _____

Foot doctor: _____

Eye doctor: _____

Pharmacist: _____

Dentist: _____

FOLD 2

Medicine	Amount	Time

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 / Target goal	My Target Goal	Date	Date	Date	Date
HbA1c (every 3 to 6 months) / less than 7 percent					
Blood pressure (every visit) / less than 130/80 mmHg					
Cholesterol tests (yearly) LDL / less than 100 mg/dL					
HDL / M: greater than 40 mg/dL F: greater than 50 mg/dL					
Total Cholesterol / less than 200 mg/dL					
Triglycerides / less than 150 mg/dL					
Microalbumin (yearly) / less than 30 mg/24h					
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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TRIM AROUND CARD AFTER YOU FOLD

FOLD 1