



Take it with you

Reminder: To keep you and your doctors on top of any potential health problems, keep good records of any blood and urine, or other tests you have. Take them with you to every office visit.



My Diabetes Record

Test/Exam	Results	Goal	Date
Cholesterol Level		Total: Less than 200 mg/dL LDL*: Less than 100 mg/dL HDL (men): More than 40 mg/dL HDL (women): More than 50 mg/dL Triglycerides: Less than 150 mg/dL	
Microalbuminuria		Spot urine sample: Less than 30 µg/mg creatinine	
Blood Pressure		Below 130/80 mm Hg	
A1c		Less than 7%	

*Your doctor may suggest a lower target if you're at high risk for heart attack.

Fold Here

Regular Check-Ups

Test/Exam	Results	Date
Blood Pressure		
Weight		
Foot Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No Ulcers <input type="checkbox"/> Yes <input type="checkbox"/> No Neuropathy <input type="checkbox"/> Yes <input type="checkbox"/> No Pulses <input type="checkbox"/> Yes <input type="checkbox"/> No Trouble walking <input type="checkbox"/> Yes <input type="checkbox"/> No Redness / warmth / calluses <input type="checkbox"/> Yes <input type="checkbox"/> No Changes in the foot's shape <input type="checkbox"/> Yes <input type="checkbox"/> No Toenail disease	
Complete Eye Exam	<input type="checkbox"/> Yes <input type="checkbox"/> No Vision problems	

Medicines: _____

