My Diabetes Care Record

Write down goals to help you live well with diabetes. Get regular check-ups and write down the dates and results of all tests. Take this record with you to your health care visits.

AIC: Get this checked at least 2 times each year.						
My A1C Goal:						
A1C TEST DATE A1C TEST RESULT						
Blood Pressure: Get thi	s checked at every visit.					
My Blood Pressure Goal:						
BLOOD PRESSURE DATE	BLOOD PRESSURE RESULT					
Cholesterol: Get this ch	necked 1 time each year.					
My Cholesterol Goal:						
CHOLESTEROL TEST DATE	CHOLESTEROL TEST RESULT					

Ask your health care provider what exams and vaccinations you should have and how often you should have them. Use this worksheet to keep track of this information.

Exams, tests, and reviews you should have each visit.						
EXAM, TEST, OR REVIEW	DATE	RESULTS	DATE	RESULTS	DATE	RESULTS
FOOT CHECK						
WEIGHT CHECK						
REVIEW SELF-CARE PLAN						
REVIEW MEDICINES						

Exams, vaccines, and tests you should have at least 1 time a year.						
TYPE OF EXAM, VACCINE, OR TEST	DATE	RESULTS	DATE	RESULTS	DATE	RESULTS
DENTAL EXAM						
DILATED EYE EXAM						
COMPLETE FOOT EXAM						
FLU SHOT						
KIDNEY CHECK						

Vaccines as recommended by health care provider.						
TYPE OF VACCINE	DATE	RESULTS	DATE	RESULTS	DATE	RESULTS
VACCINE:						
VACCINE:						
VACCINE:						
VACCINE:						