

## MY MEDICATIONS

Be sure to tell your doctor about any problems (such as side effects) that you might be having with your medications.

It's also a good idea to keep track of your responses to medications:

**Medications that make me feel uncomfortable or a little sick:**

**Medications that I can't take at all (I am ALLERGIC):**

**Current medication list from my pharmacist (paste below):**

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## MY DIABETES CARE RECORD

**NAME:** \_\_\_\_\_

Date of birth: \_\_\_\_\_

**DATE I WAS DIAGNOSED WITH DIABETES:** \_\_\_\_\_

Phone number at which I can be reached: \_\_\_\_\_

### MY DIABETES CARE TEAM:

	Name	Telephone Number
Family Physician		
Dietitian		
Diabetes Educator or Nurse		
Endocrinologist/ Diabetes Specialist		
Optometrist/ Ophthalmologist		
Other:		

**MONITORING**

**AT EACH VISIT (usually every 3 months)**

<b>EXERCISE</b> (Recommendation: 150 minutes each week spread over at least 3 days) <b>My Goal:</b>							
Date:							
Result:							
<b>EATING</b> (Recommendation: Eat 3 regular meals. Choose more whole grains, vegetables and fruits, less fat and refined sugar) <b>My Goal:</b>							
Date:							
Result:							
<b>WEIGHT</b> (If overweight (BMI $\geq 25$ ), lose 5-10% of weight over 6 months) <b>My Goal:</b>							
Date:							
Result:							
<b>BLOOD PRESSURE—Goal: #130/80</b>							
Date:							
Result:							
<b>SUGAR (A1C)—Goal: #7</b>							
Date:							
Result:							
<b>CIGARETTE SMOKING</b> (Recommendation: <b>DO NOT SMOKE</b> ) <b>My Goal:</b>							
Date:							
Result:							

**ONCE A YEAR (or more often if advised by your doctor)**

<b>CHOLESTEROL—My Goals: LDL &lt;2.5; TC/HDL &lt;4.0</b>							
Date:							
LDL							
TC/HDL							
<b>KIDNEY CHECK—My Goals: ACR &gt;90 mL/min</b>							
Date:							
ACR							
<b>FOOT EXAM</b>							
Date:							
Result:							
<b>EYE EXAM</b>							
Date:							
Result:							
<b>Key: U = Normal /at Goal    <del>W</del> Abnormal</b>							
<b>FLU SHOT</b>							
Date:							

**ONCE\***

<b>PNEUMONIA SHOT</b>
Date:

\* Some people need to have a second pneumonia shot (“re-vaccination”). Ask your doctor.