

One Year of Meeting My Diabetes Standards of Care

Every Visit	<p>Write the date results down in the space provided. Are you meeting your goals? If not, talk to your provider and educator about your diabetes plan.</p>			
	<p>Blood Pressure</p> <p>My goal: _____</p>	<input type="checkbox"/> ____/____	<input type="checkbox"/> ____/____	<input type="checkbox"/> ____/____
	<p>Home blood sugars</p> <p>My goals: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>Weight</p> <p>My goal: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>Foot check</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>Diabetes Education</p> <p>Topic: _____</p> <p>Goal: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-4 times per year	<p>My A1C Goal: _____</p>	<p>Date: _____</p> <p>Result: _____</p>	<p>Date: _____</p> <p>Result: _____</p>	

Yearly	Dental exam	Date: Result:
	Eye exam	Date: Result:
	Complete Foot Exam	Date: Result:
	Urine Albumin Test	Date: Result:
	Total cholesterol	Date: Result:
	LDL	Date: Result:
	HDL	Date: Result:
	Triglycerides	Date: Result:
	Blood test for liver function	Date: Result:
	Emotional Health	Date: Result:
	Medical Nutrition Therapy	Date:
Prevention	Statin	Date I discussed with my provider:
	Aspirin	Date I discussed with my provider:
	Immunization	Tetanus Date: Pneumovax Date: Flu shot Date: TB test Date: Hep B Date: Over 60 ask about Zostavax:
	Mammogram/PSA	Date: Result:
	Colonoscopy	Date:
	Pap	Date:
	EKG	Date: Result: