

Medication	Dosage	Time


**Allergies:**

**I HAVE DIABETES.** If I am acting strangely or cannot be awakened, my blood sugar may be low.

- If I cannot be awakened or cannot swallow, do not try to give me anything by mouth. Please contact **Emergency Medical Services (911) immediately.**
- If I can swallow, give me 4 to 6 ounces of fruit juice, sweetened soft drink, or other sugar source. If I am not better within 10-15 minutes, contact **Emergency Medical Services (911) immediately.**

**Emergency Contact:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

# Diabetes Care Card

**My Name:**

\_\_\_\_\_



Bring this card to each visit with your health care provider or diabetes educator. Discuss these issues during your visit and use the chart below to record your results so that you can take charge of your diabetes.

Test/Service	Target My Goal	My last exam/test	
<b>A1C</b> (Every 3-6 months)			
<b>Blood Pressure</b> (Every visit)			
<b>Weight</b> (Every visit)			
<b>Foot Exam</b> (Every visit)			
<b>Lipid Profile (Annually)</b>			
<b>LDL</b>			
<b>HDL</b>			
<b>Triglycerides</b>			
<b>Total Cholesterol</b>			

	Date of My Last Exam
<b>Microalbuminuria</b> (Annually)	
<b>Dilated Eye Exam</b> (Annually) *	
<b>Dental Exam</b> (Every 6 months)	
<b>Foot Risk Exam</b>	
<b>Flu Vaccine</b> (In Season)	
<b>Pneumonia Vaccine</b>	
<b>Self-Management Education</b>	

\* Every 2 years if normal

