

Diabetes Care Checklist

<p>YOU can control your diabetes</p> <p>Take this checklist when you see your doctor. Know your numbers and discuss your goals at each visit.</p>	<p>Enter information below each time you visit your doctor.</p>				
<p>Schedule visit with doctor for diabetes four times a year</p>	<p>Enter date of visit</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>A Request A1c blood test to check average blood sugar 4x/year ~ Goal: A1c below 7%</p>	<p>Enter date and A1C value</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>B Have blood pressure checked at every visit ~ Goal: below 130/80 ~ Prevent strokes, vision loss, and protect your kidneys</p>	<p>Enter date and blood pressure</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>C Request LDL-Cholesterol blood test at least once a year ~ Goal: below 100 mg/dl ~ Protect your heart</p>	<p>Enter date and test results</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>Schedule Diabetes Education Call HPH and GBH at 847-926-5032 or Old Orchard Office at 847-663-8540 ~ Learn to test your blood sugar and record results ~ Learn your best food choices ~ Learn how to check your feet daily ~ Learn to recognize and treat low and high blood sugar levels - record your blood sugar goals on back ~ Learn healthy ways to exercise</p>	<p>As needed:</p> <p>Enter date of diabetes education</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>Do not use tobacco products and avoid secondhand smoke. If you currently use tobacco products, ask your doctor for help to stop. For additional help, contact the Quitline 1-800-639-7848.</p>	<p>Enter dates smoking and/or second hand smoke discussed with doctor</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
<p>Schedule dilated eye exam. Request that a copy of the exam be sent to your doctor. ~ Protect your vision</p>	<p>Once a year: Enter date of eye exam</p>				
<p>Request urine test to detect early kidney disease ~ Protect your kidneys</p>	<p>Once a year: enter test results</p>				
<p>Request complete foot exam from your doctor ~ Protect your feet</p>	<p>Once a year: enter date of exam</p>				
<p>Get a flu shot every year. Ask your doctor if you need a pneumonia vaccine</p>	<p>Once a year: enter date of flu shot and date of pneumonia vaccine</p>				
<p>If you are in childbearing years, discuss contraception and pregnancy planning with your doctor</p>					
<p>Take an 81 mg aspirin daily if: ~ you are at least 21 years old ~ your doctor says it is safe for your ~ to help prevent heart attack or stroke</p>					
<p>Keep your weight within recommended limits</p>					

~ Goal numbers _____